

# 12th Annual Symposium on Global Cancer Research



## 12th Annual Symposium on Global Cancer Research Meeting Summary

May 6–9, 2024

Virtual Meeting

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# Executive Summary

The Annual Symposium on Global Cancer Research (ASGCR, or the Symposium) is the flagship meeting of the National Cancer Institute's (NCI) Center for Global Health (CGH). The Symposium convenes researchers, clinicians, policymakers, program implementers, and advocates to discuss trends in global cancer research and control and outline collaborative efforts to advance the field. The Symposium's goal is to increase recognition of global oncology as an important focus area within international public health and convene professionals who are focused on reducing the burden of cancer worldwide. Since 2020, ASGCR has been convened virtually, and recordings from previous years are available ([2023](#), [2022](#), [2021](#), and [2020](#)). The 2024 Symposium occurred on May 6–9, 2024, and was collaboratively developed by multiple international partners involved in cancer control together with NCI-CGH. Members of the ASGCR Scientific Steering Committee reviewed submissions for the Symposium's scientific sessions, identified scientific abstract reviewers, and considered nominations for the Rachel Pearline Award—which NCI presents annually to an outstanding professional who demonstrates excellence in global cancer research and practice in low- and middle-income countries (LMICs)—and determined the awardee.

The Symposium provided an opportunity for real-time dissemination of evidence on collaborative cancer research and control—with a focus on highlighting work happening in and led by LMICs. During ASGCR, participants discussed how best to collaborate to advance cancer research and improve cancer control. To advance careers and mentorship, the Symposium highlighted the work of early-career investigators in LMICs, with the aim of offering opportunities for recognition and leadership development. Poster and panel discussions provided opportunities for building professional networks that diversify the field of global oncology, including non-oncology global health experts. There were 665 unique participants representing 68 countries at the 2024 ASGCR.

The 2024 ASGCR theme was “Collaborating for Impact.” The Symposium’s objectives were to: (1) create opportunities for researchers and program implementers from low-resource settings to share their work; (2) provide a venue for the global oncology research community to exchange information and identify potential areas for collaboration; and (3) share science-based initiatives that are reducing the burden of cancer in low-resource settings.

# Introduction

The 2024 Annual Symposium on Global Cancer Research (ASGCR, or the Symposium) convened professionals working in global cancer research, advocacy, and control, and who are focused on reducing the burden of cancer worldwide. As the flagship meeting of the National Cancer Institute's (NCI) Center for Global Health (CGH), the Symposium aims to increase recognition of global oncology as an important focus area within international public health. The 2024 Symposium was collaboratively developed by multiple international partners in global cancer control together with NCI-CGH. Partners that made up the 2024 Scientific Steering Committee include the African Organisation for Research and Training in Cancer (AORTIC), American Association for Cancer Research, American Society of Clinical Oncology (ASCO), American Society of Preventive Oncology (ASPO), Consortium of Universities for Global Health (CUGH), National Cancer Grid of India, Red de Institutos Nacionales de Cáncer (RINC)/Sociedad Latino Americana y del Caribe De Oncología Médica (SLACOM) (Appendix B).

The Symposium provided an opportunity for real-time dissemination of evidence on collaborative cancer research and control—particularly highlighting work happening in and led by low- and middle-income countries (LMICs). This year's theme, “Collaborating for Impact,” foregrounded the power and potential of work across disciplines, institutions, and national borders. ASGCR has been held as a virtual event since 2020. For the first time, in 2024 the event was held as a stand-alone Symposium, and was expanded to four days in length, from May 6 to 9.

## 2024 ASGCR Program

For each day of the Symposium, simultaneous interpretation was available in English, French, Portuguese, and Spanish. Speaker bios, the full agenda, scientific posters, and information on the Rachel Pearline Award were publicly available on the NCI Center for Global Health [ASGCR page](#). The full recording for each day of the Symposium can be viewed online ([Day 1](#), [Day 2](#), [Day 3](#), [Day 4](#)). Members of the ASGCR Scientific Steering Committee (see Appendix B) identified scientific abstract reviewers (Appendix D) to evaluate submissions from the annual call for abstracts, confirmed the oral abstract presentations, reviewed and selected the scientific sessions, and reviewed nominations for the Rachel Pearline Award and determined the awardee. As outlined in the agenda (see Appendix C), the 4-day program featured the following:

- Day 1: Early-Career Investigator Day (ECID) focused on training, research conduct, and mentorship, with panel discussions by experts, mentees, and mentors. An interactive exercise gathered input from attendees on their experiences and hopes regarding mentorship and training.
- Day 2: The scientific session focused on impacting the cervical cancer burden in India through collective efforts to train healthcare providers on HPV vaccination and cervical cancer screening. A poster session offered participants an opportunity to discuss these projects with researchers. The top-scoring scientific abstracts on global cancer research were presented in the oral abstract "Rapid-Fire" session.
- Day 3: The scientific session focused on the impact of cross-cultural collaboration on clinical trials successes in the US-Latin American-Caribbean HIV/HPV-Cancer Prevention Clinical Trials Network. Rapid-fire presentations focused on global cancer control. The interactive poster sessions continued.
- Day 4: The scientific session focused on building cancer genetics infrastructure in resource-limited settings. After a final interactive poster session, the Symposium culminated in the Rachel Pearline Award presentation and keynote address.

## Meeting Analytics

- Participants: 665 (total unique participants over the 4 days)
- Speakers and panelists: 58
- Institutions represented: 368
- Countries represented among participants: 68 (Appendix A)
- Professional focus areas of participants (registrants could select multiple options):
  - Advocacy (161)
  - Clinical (253)
  - Policy (163)
  - Research (523)

## Poster Session Analytics

- Participants in interactive poster sessions by day: 83 (Day 1); 92 (Day 2); 72 (Day 3); 75 (Day 4)
- Accepted scientific abstracts: 146
- Abstracts by region of research (site):
  - East Asia and Pacific (21)
  - Europe and Central Asia (17)
  - Latin America and Caribbean (38)
  - Middle East and North Africa (6)

- North America (44)
- South Asia (37)
- Sub-Saharan Africa (9)
- Abstracts by scientific area of focus:
  - Biology (18)
  - Etiology (6)
  - Prevention (22)
  - Early detection, diagnosis, and prognosis (24)
  - Treatment (23)
  - Cancer control, survivorship, and outcomes research (53)

## Opening Remarks

Day 1: **Dr. W. Kimryn Rathmell**, Director, National Cancer Institute, United States

Day 2: **Dr. Kalina Duncan**, Director, Partnerships and Dissemination Branch, Center for Global Health, National Cancer Institute, United States

Day 3: **Dr. Eduardo Cazap**, Founder and President, Sociedad Latino Americana y del Caribe De Oncología Médica (SLACOM) and Co-chair, RINC-SLACOM, Argentina

Day 4: **Dr. CS Pramesh**, Professor, Tata Memorial Centre, India

## Closing Remarks

Day 1: **Dr. HyoSook Bae**, Postdoctoral Fellow, Center for Global Health, National Cancer Institute, United States

Day 2: **Dr. María Teresa Bourlon**, Assistant Professor, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico; Representative, American Society of Clinical Oncology, United States

Day 3: **Ms. Rose Ihuoma Anorlu**, Immediate Past President, African Organization for Research and Training in Cancer (AORTIC); Professor, University of Lagos, Nigeria

Day 4: **Dr. Satish Gopal**, Director, Center for Global Health, National Cancer Institute, United States

## Opening Remarks

Day 1: Dr. Rathmell welcomed participants and thanked the Symposium's steering committee for organizing the meeting and for selecting such a timely theme. Generating innovative ideas and solutions in cancer research and control will require collaboration, and working together will pay dividends in lives saved. The [National Cancer Plan](#) provides a

blueprint for breaking down silos and collaborating to end cancer as we know it.

Dr. Rathmell noted that, while the word “National” is in the plan’s name, its goals are universal.

The CGH supports NCI’s mission to improve cancer control worldwide through international research partnerships and multinational research efforts. CGH also supports training programs to help develop scientists in both the United States and LMICs, including through a global cancer institutional training program, and collaborates with the Fogarty International Center and other offices and centers within NCI to support early-career investigators pursuing global cancer research. Dr. Rathmell shared an example of researchers from India who participated in an NCI-supported training program and went on to develop the first approved CAR T-cell therapy in India. She encouraged Symposium participants to proactively communicate and to ask hard questions of themselves and others. The global cancer community has much work to do; making connections through events like the Symposium is an important start.

Day 2: Dr. Duncan gave an overview of the Symposium’s history, from its inception as a satellite meeting at the CUGH annual conference to its growth into one of the largest annual meetings dedicated to global cancer research. She emphasized both her hope that attendees would connect and collaborate and NCI’s dedication to listening to the needs of the global cancer community to develop programs and priorities in response to real-world experience. She thanked the ASGCR scientific steering committee, its member organizations, the individuals who served as reviewers and subject-matter experts, and ASGCR’s partner organizations.

Day 3: Dr. Cazap provided definitions of important words used in the cancer control field. He noted that the current body of scientific and medical care is derived from, and applies to, only 10% of the global population. It is very important for the global cancer research and control community to have an open discussion and develop new ways of research that produce results that are more broadly and locally applicable. Two paths forward are implementation research, which can translate medical knowledge into action, and health systems research. The COVID-19 pandemic highlighted gaps in resources, knowledge, and preparedness. The cancer community must collaborate and become more resilient in order to be ready for the next healthcare crisis.

Day 4: Dr. Pramesh thanked Symposium organizers and attendees. This year’s meeting featured a record number of abstract submissions, poster presentations, and participants. Session topics were sourced from a diverse pool of stakeholders and specializations, and research posters focus on subjects from mobile technology to vaccination to

implementation science. The transition to a fully virtual format has increased the Symposium's reach and its accessibility to participants from around the world. He expressed his appreciation to NCI and the CGH for partnering with his organization, and invited Symposium participants to become international members of the National Cancer Grid.

# Early-Career Investigator Day (Day 1)

ECID 2024 focused on training, research conduct, and mentorship. Despite the value of mentorship in the conduct of research, few programs are available to support mentors, link mentees with mentors, and facilitate productive engagements between mentors and mentees. To facilitate discussion during ECID, Symposium organizers solicited presentations from and facilitated discussion among experts, mentors, and mentees.

## Understanding the Landscape and Opportunities for Clinical Research in LMICs

The speakers, who are experts and scientists working in LMICs, described their experiences developing research training and capacity building within clinical trial networks in these settings.

### **Session Moderator**

**Dr. LeeAnn Bailey**, Center to Reduce Cancer Health Disparities, National Cancer Institute, United States

### **Speakers**

**Dr. Ophira Ginsburg**, Senior Advisor for Clinical Research, Center for Global Health, National Cancer Institute, United States

**Dr. Priya Ranganathan**, Professor of Anesthesiology, Lead Organizer of International Collaboration for Research methods Development in Oncology (CReDO) Workshop, Tata Memorial Centre, India

**Dr. Vikrant Sahasrabuddhe**, Program Director, Division of Cancer Prevention, Center for Global Health, National Cancer Institute, United States

## Unique Opportunities to Advance Cancer Science by Supporting Clinical Research in LMICs

Dr. Ginsburg spoke of the extreme global scarcity of cancer therapeutic trials that are both inclusive of underrepresented populations, health systems, and geographic settings; and applicable to local contexts, resources, logistics, and accessibility constraints.

Analysis of NCI's portfolio revealed that out of the 7,963 clinical trials funded by the Institute between 2012 and 2021, only 37 were based exclusively in LMICs. NCI conducted

a series of information- and input-gathering activities to address this gap. The first was formative research through interviews with thought leaders with experience conducting cancer therapeutic clinical trials in LMICs. The top challenges reported by interviewees included workforce capacity, material capacity, and operational barriers. Their top strategies included building and sustaining partnerships, building human capacity, improving access to funding, and increasing awareness among the general population and clinicians. Similar themes emerged in responses to additional activities, including a Request for Information (RFI), research community engagement at the World Cancer Congress and ASCO annual meetings in 2023, and a survey of key informants across the global oncology field. Next, NCI convened two focus groups per World Health Organization (WHO) region to learn more about the role of patients and patient groups in cancer therapeutic clinical trials in LMICs. The results from these sessions also helped provide direction for NCI's future support of patient-centered clinical trials in LMICs.

Investing in training and capacity-building for clinical research in LMICs is not only the right thing to do, but will also improve the body of cancer knowledge and improve cancer care for all. Dr. Ginsburg concluded that the best science comes from a truly diverse group of researchers in diverse settings with diverse study participants, particularly when people with lived experience of cancer are meaningfully engaged throughout the entire research lifecycle.

### **Developing Clinical Research Capacity in LMICs: Lessons from CReDO**

The International Collaboration for Research methods Development in Oncology (CReDO) workshop is an intensive residential 6-day workshop for oncology researchers. The workshop was developed in response to the inaccessibility of oncology research development workshops, particularly to researchers in LMICs. The objectives of the workshop are to train oncology researchers in clinical research methods, to help them develop a study concept into a structured protocol, to promote collaborative research, and to build oncology research capacity. The workshop is intended for researchers with oncology training, and preference is given to early- and middle-career researchers working in academic settings who can demonstrate their commitment to continuing research in oncology. Applications are reviewed by a team of international and national experts.

There have been seven CReDO workshops since 2015, consisting of lectures, focus group discussions, office hours, and protocol development sessions. Pre-workshop webinars begin 3 months prior and help prepare researchers to optimize their time on site. Post-workshop sessions include continued mentoring, monthly webinars, didactic talks, and problem-solving support. To date, 404 researchers have completed the workshop. The

workshop has a profound impact on its attendees, improving their knowledge, strengthening their research protocols, connecting them to mentors, and improving their future research output. Participants have felt empowered to mentor their own colleagues and trainees.

CReDO is unique for many reasons, including the background of its participants, the intensive pre- and post-workshop support, associated funding opportunities, robust follow-up, and its highly subsidized nature. The cost to participants from LMICs is \$200 USD, which covers the entire 6-day experience and access to workshop resources. Travel and registration grants are also supported by NCI and non-governmental organizations. For these reasons, as Dr. Ranganathan and her colleagues describe in [a 2021 paper](#), the workshop has had significant impact on the global cancer research community.

### **Collaborations and Capacity Building for Prevention Clinical Trials in LMICs: Observations from the NCI HIV/HPV-Cancer Prevention Clinical Trials Networks**

HIV is associated with a high burden of HPV-related disease and a significantly higher chance of progression to invasive cervical cancer. While the number of people with HIV has declined in recent years, more than 20 million women are still living with this condition and its risks, and more than a million new people are diagnosed each year. While increased testing and access to treatment have extended life expectancy for people with HIV, a longer life increases the possibility that someone will develop cancer.

Dr. Sahasrabuddhe and his colleagues asked themselves why and how the research community could extend the lives of people with HIV through antiretroviral therapy only to let these patients die due to a lack of effective HPV-related cancer prevention interventions. Recent developments in research, including self-sampled testing, visual and point-of-care diagnostic approaches, and advances in treatment, have combined with a renewed global focus on bilateral and multilateral initiatives for cervical cancer screening and treatment. NCI and NIH have been major funders of HIV-related research for the last several decades. Dr. Sahasrabuddhe introduced three NCI-supported programs in this area:

- [The US-Latin American-Caribbean HIV/HPV-Cancer Prevention Clinical Trials Network \(ULACNet\)](#) supports early and late-phase trials of novel or approved interventions to optimize efficacy and effectiveness of prevention approaches for people living with HIV. *Note: Further information on ULACNet can be found in the summary of the scientific session from Day 3 of the Symposium.*

- [The HIV/Cervical Cancer Prevention \(CASCADE\) Clinical Trials Network](#) supports trials of approved screening and precancer treatment interventions to evaluate clinical effectiveness in intended-use settings and inform their implementation for people living with HIV.
- [The Last Mile Initiative](#), also known as the Self-Collection for HPV Testing to Improve Cervical Cancer Prevention (SHIP) Testing Network, accelerates regulatory pathways to increase cervical cancer screening access through HPV self-collection for all populations in the United States, including people living with HIV.

NCI's [Unified Network Initiative to Enhance Community Dialogue and Site Education \(UNITED\)](#) provides a dynamic framework for both ULACNet and CASCADE to promote activities that build shared trust between researchers and communities, and to ensure that research outcomes and benefits are disseminated to study participants and the broader community.

The most important lessons learned from these programs and initiatives are to develop and sustain effective collaborations, to invest in institutional and collective capacity building, and, as Dr. Sahasrabuddhe said, to “complement, cooperate, and collaborate, not only compete.”

## Q&A

**Participants asked for more information regarding participation in and eligibility for the CReDO workshop.**

Further details about eligibility requirements are available on [the CReDO website](#). The workshop is conducted in person, although pre- and post-workshop materials and events are conducted online. The workshop is open to nonmedical practitioners such as advocates. Participants should email the workshop organizers ([credoworkshop@tmc.gov.in](mailto:credoworkshop@tmc.gov.in)) with further questions.

**A participant asked whether a program similar to CReDO existed for implementation research.**

The [Union for International Cancer Control](#) offers some trainings. The NCI implementation science team has a [publicly available online set of modules](#) that serves as an introduction to the field. Additionally, although the on-site CReDO workshop is only open to participants, the virtual pre- and post-workshop events are free to attend and open to all, and sometimes include material related to implementation science.

**A participant asked how their country's national cancer control program could collaborate with NCI to build capacity in cancer prevention research.**

The NCI Division of Cancer Prevention will be happy to direct participants to funding opportunities. Once the current funding cycle ends, NCI anticipates opening applications to researchers around the world.

**A participant asked whether NCI planned to launch any additional LMIC clinical trial initiatives.**

The work is underway. NCI also hopes to continue leveraging existing programs.

**A participant asked about NCI's plan to train researchers in LMICs.**

The Global Training for Research and Equity in Cancer (GlobTREC) program offers eight awards. NCI has supported participation in the CReDO workshop in the past and hopes to do more in the future.

**A participant asked whether lessons from cervical cancer prevention approaches could be applied to liver cancer, hepatitis B, and HCV.**

Much can be learned bidirectionally from both disease groups.

## Interactive Exercise: Gathering Perspectives on Training and Patient-Centered Approaches in Global Cancer Clinical Research

**Session Moderator**

**Ms. Sana Haider**, Presidential Management Fellow, Center for Global Health, National Cancer Institute, United States

Ms. Haider guided early-career investigators through an interactive exercise using Slido. A complete collection of the responses can be found in Appendix F.

**Share one aspiration, hope, or wish you have for a career in cancer research in your country.**

Common themes among responses included:

- Sustainable funding for cancer research, implementation, and care
- Training, including abroad
- Mentorship
- Multidisciplinary partnerships
- Prioritizing cancer care for vulnerable populations
- Translating research to clinical practice
- Health equity

### **What are some characteristics of a successful mentor-mentee relationship?**

The most common responses included:

- Trust
- Open and effective communication
- Mutual respect
- Mutual commitment
- Authenticity and honesty
- Advocacy by a mentor

### **How can we better facilitate patient and community engagement in research?**

Common themes among responses included:

- Diverse representation among researchers
- Ethical considerations and informed consent
- Returning results to participants
- Investing in relationships with communities and patients
- Accessibility, simplicity, and plain language
- Including patients and communities from the beginning
- Developing studies that will provide participants with direct benefit

## **Finding a Mentor, Developing a Protocol, and Conducting Clinical Research in LMICs: Perspectives from Early-Career Scientists and Their Mentors**

This session focused on real-world examples of successful research collaborations facilitated by mentorships and delved into the experiences of two sets of early-career investigators and their mentors.

### **Session Moderator**

**Ms. Yelena Shnayder**, Public Health Analyst, Center for Global Health, National Cancer Institute, United States

### **Speakers**

#### **International Collaboration for Research Methods Development in Oncology (CReDO)**

**Dr. Priya Ranganathan**, Professor of Anesthesiology, Lead Organizer of CReDO workshop, Tata Memorial Centre, India

**Dr. Shama Pandey**, Fellow, National Academy of Medical Sciences, Nepal

#### **Global Training for Research and Equity in Cancer (GlobTREC) Uganda**

**Dr. Edus H. Warren**, Program Head, Global Oncology, and Professor, Translational Science and Therapeutics Division, Fred Hutchinson Cancer Center, United States

**Mr. Peter Ziribagwa Sabakaki**, Ph.D. Candidate, Bioinformatics, Makerere University, Kenya

**Mr. Fredrick Elishama Kakembo**, Ph.D. Research Fellow, Bioinformatics, Makerere University, Kenya

### **Cancer Research: A Nepalese Perspective**

More than 22,000 new cases of malignancy were diagnosed in Nepal in 2022, with the greatest prevalence of lung and stomach cancer in men and breast and cervical cancer in women. Because only ~2.7% of global cancer research investment is relevant to LMICs, the results of many trials may not be generalizable to these countries. Studies on the most common cancers in this setting are needed, as are studies focusing on improving access and affordability of treatment, reducing risk factors, and preventing and ameliorating financial toxicity. As with other LMICs, barriers to cancer research progress in Nepal include a lack of protected research time for investigators, difficulty in collaboration, poor funding opportunities, limited training in research methodology, a lack of experience with grant applications, an inadequate cancer registry, and a lack of participation in clinical trials.

Dr. Pandey received no research training during medical school and had limited training in research during her postgraduate fellowship. The most extensive training she received came from the CReDO workshop in 2024, where she met Dr. Ranganathan. During the workshop, Dr. Pandey refined her protocol for an observational study on the duration of intervals in the care-seeking pathway of lung cancer. The workshop provided an opportunity to connect one-on-one with mentors, as well as the practical skills to continue

in cancer research. Dr. Pandey has since presented her research at two oncology conferences. She concluded by saying that there is no large or small research, only work that moves the field forward and contributes to closing gaps.

### The Value of Mentorship in Bioinformatics

Mr. Sabakaki is a student and teaching assistant at the African Center of Excellence in Bioinformatics at Makerere University and a Ph.D. fellow at Hutchinson Cancer Research Institute in Uganda. His work has focused on understanding the role of Ugandan human genetic diversity in influencing disease susceptibility and progression, integrating gene and miRNA expression profiles in breast cancer risk prediction, and whole exome sequencing for neo-antigen discovery in Ugandan breast cancer patients.

Compared to other parts of the world, Uganda has the youngest population of breast cancer patients and a high prevalence of *BRCA1/2* and *PIK3CA* mutations. Mr. Sabakaki's research project, conducted in collaboration with Dr. Warren, comprises two sub-studies to explore these issues. The first sub-study explores germline polymorphisms of T-cell receptor β locus genes among Sub-Saharan African populations and aims to understand the extent to which African human genetic diversity influences the immunological landscape. The second is a comparative analysis of somatic mutational profiles of breast cancer in Ugandan and African American populations.

### Charting the Path as an Early Career Cancer Researcher in Uganda

Mr. Kakembo has specialized in bioinformatics since 2018 and in cancer research since 2019. His master's degree project used whole exome sequencing to identify non-*BRCA* breast-cancer-predisposing genetic variants in Kenyan patients. The research was motivated by clinical differences between breast cancer patients of African and European ancestry, including higher rates of triple-negative breast cancer and earlier age of diagnosis among African populations. The study identified pathogenic variants in a total of 19 genes and 8 novel mutations, indicating clinically relevant mutations in genes other than *BRCA1/2*. Mr. Kakembo is an assistant lecturer at Makerere University, a training coordinator for online courses, and a co-chair, along with Mr. Sabakaki, of the cancer genomics working group. The working group works to build capacity in cancer genomics through mentoring upcoming cancer researchers in theoretical and practical understanding of the field, focusing on cancers most relevant to Uganda. The group has two tracks: cancer genetics and cancer immunogenetics.

Kaposi's sarcoma has emerged as a common malignancy in Uganda and Sub-Saharan Africa, particularly among HIV-infected individuals; however, mechanisms underlying the

development of Kaposi's sarcoma and treatment response remain poorly understood. After traveling with Mr. Sabakaki to Dr. Warren's lab in Seattle, Washington, Mr. Kakembo began a Ph.D. project titled "Deciphering the Molecular Dynamics of Kaposi's Sarcoma Using an Integrative Single-Cell Genomics Approach in the Ugandan Population."

## Q&A

### **How did your mentor–mentee collaboration begin?**

Dr. Warren's relationships with Mr. Sabakaki and Mr. Kakembo are possible because the Fred Hutchinson Cancer Center maintains a brick-and-mortar research center in Uganda. He expressed his pride and gratitude for being able to mentor these enthusiastic scientists.

Mr. Sabakaki and Mr. Kakembo were both referred to Dr. Warren by their existing mentors, who lacked the specialized expertise to support their projects. Both Mr. Sabakaki and Mr. Kakembo found Dr. Warren's enthusiasm for cancer immunology contagious and were eager to work with him.

Dr. Ranganathan met Dr. Pandey at the CReDO workshop, where she was one of only two participants from Nepal. Dr. Ranganathan was inspired by Dr. Pandey's passion and hard work during the workshop, as well as her belief in the value of research that others might consider unimportant or small. Dr. Pandey was similarly impressed by Dr. Ranganathan's presentation at the workshop, and shares Dr. Ranganathan's hope that theirs will be a lifelong collaboration.

### **What challenges have you encountered in mentoring or being mentored, and how have you addressed them?**

A mentor–mentee relationship needs sufficient time to develop so that the mentee feels completely heard, but it is difficult to find the time between clinic duties. The lack of protected time for research and mentoring is a significant challenge.

Geographic distance between a mentor and their mentee(s) can present logistical and communication challenges and impede progress.

Young investigators may also have difficulty finding and approaching potential mentors.

### **What role do peers play in supporting research careers?**

Peer mentorship is very important. At the CReDO workshop, Dr. Pandey and her peers provided input on one another's protocol concepts, which allowed them to learn and grow together. Peers are uniquely positioned to suggest alternative solutions and strategies,

because they may have recently encountered the same issue themselves. It may also be easier to confide in a peer mentor.

**What advice would you give prospective mentors and mentees in clinical research, based on your experiences?**

Focus on research goals, communicate effectively, and be receptive to constructive criticism. Early-career investigators should not hesitate to approach potential mentors, as doing so can open many doors in their future.

Younger investigators may feel they have to choose between a mentor with the expertise they need and someone who has time to guide them. In such scenarios, researchers could pursue two mentors, one with technical expertise, and one who can provide more support.

**Provide examples of non-technical skills that investigators need in their cancer careers.**

Mentors and mentees alike should be able to work as part of a team. Because many cultures are oriented to a hierarchical framework, mentors should remember to be humble and recognize that their mentees are already knowledgeable and capable, particularly about their own projects. They should accept dissent and allow their mentees to pursue their passions without imposing their own views. Mentees should also learn to push back if they feel they are losing ownership of their work.

Researchers should also learn basic statistics. While investigators may work with a statistician, they must understand the fundamentals in order to design studies that will yield statistically sound results.

Writing skills are both important and challenging, particularly for those in more technical disciplines. Writing is a central component of publishing work, competing for grants, and even requesting access to data.

It is natural for every researcher to get stuck from time to time, and that investigators should be willing to ask for help. A mentor's role is not only to solve problems but also to help shape ideas and ensure that a concept and its scope are feasible.

# Scientific Sessions

## Impacting the Cervical Cancer Burden in India: Collective Efforts and Strategies to Train Healthcare Providers on HPV Vaccination and Cervical Cancer Screening (Day 2)

### **Session Chair**

**Ms. Jennifer Nkonga**, Senior Director, Regional Strategy & Implementation, American Cancer Society (ACS), United States

### **Speakers**

**Dr. Priya Ganesh Kumar**, Chairperson, Gynaecologic Oncology Committee, Federation of Obstetric and Gynaecological Societies of India (FOGSI), India

**Dr. Purna Kurkure**, Head of Department, Pediatric Hematology-Oncology & BMT, Indian Academy of Pediatrics (IAP), India

**Ms. Mridu Gupta**, CEO, Cancer Awareness, Prevention, and Early Detection (CAPED) India, India

**Ms. Sutapa Biswas**, Co-Founder, Cancer Foundation of India (CFI), India

India bears 20% of the world's cervical cancer burden. In the last 5 years, fewer than 1 in 10 Indian women have been screened for cervical cancer. ACS's Global HPV Cancer Free initiative envisions a world free of HPV cancers. To increase uptake of cervical cancer prevention services in India, ACS has partnered with civil society organizations (CSOs), which possess the expertise to develop interventions appropriate for, and validated in, this setting. The approach centers local cancer leadership; emphasizes co-creation in the development, implementation, and evaluation of solutions; and supports local system stakeholders to prioritize, lead, and sustain efforts to increase uptake of cancer prevention services. During the formative phase of the work, healthcare professionals including physicians and community health workers (CHWs) emerged as credible sources of information for decision-making, and were thus prioritized in intervention design and implementation. To reach physicians and CHWs, known in India as Accredited Health Service Advocates (ASHAs), medical societies and district health departments were identified as system stakeholders. Panelists discussed their role in, and experience with, these efforts.

**How did CFI determine the right partners to reach among healthcare providers?**

When the work began in 2019, Dr. Biswas and her colleagues felt overwhelmed by the number of potential partner organizations. They created a checklist of criteria to identify the partners who would help reach the maximum number of physicians. From there, they refined the list to focus on gynecologists and pediatricians, ultimately selecting FOGSI and IAP, both very large organizations with a presence across the entire country.

**How did you build and manage those relationships, and how do you keep the work moving forward in these partnerships?**

Both FOGSI and IAP connected Ms. Biswas and her team to their oncology specialists, who supported the development of resources and strategies. Their involvement over two years helped ensure that frameworks were culturally and socially acceptable at the local level, and created a strong foundation for good work. Leaders at FOGSI and IAP were extremely positive about the work and approached it with openness to trying something new.

**How did FOGSI structure its medical society training plan?**

FOGSI's 267 member societies are myriad, autonomous, and dispersed across the country, which made it challenging to design a unified training plan. As gynecologists, Dr. Kumar and her peers are sensitized to cervical cancer and relate to their patients, which further motivates them to prevent further new cases. FOGSI's prior research had found that many gynecologists feel more comfortable offering screenings than vaccination.

Finding ways to reach 9-to-14-year-olds presented an additional challenge, as gynecologists will not see these patients until later in their lives. Dr. Kumar and her colleagues determined a need for an intervention to educate providers and assuage their hesitancy to recommend HPV vaccination. FOGSI's prior work on its [Swasthya Sunder Nari Prevent the Preventable \(SSNPP\)](#) campaign had already laid the groundwork for these efforts. Dr. Kumar and her colleagues were committed to respecting local societies' autonomy, and this commitment translated to trust, acceptance, and success. A cascading training system moves from a small group of core trainers to a larger pool of master trainers, then members, which has reached more than 10,000 individuals to date.

**How did CAPED build trust and create a shared engagement plan with district health departments to reach healthcare providers?**

In India, there is an idea that speaking of evil will invite it. The taboo against discussing cancer is so pronounced that, during CAPED's efforts to provide local cancer education, community members would encourage pregnant women to leave the room for their own protection. CAPED realized that they would have to rely on trusted messengers—which, in villages, typically take the form of ASHAs and village elders. Ms. Gupta and her colleagues developed a protocol in which a local ASHA would introduce their team to village elders,

which would create an entry point to the community. This village-by-village process of earning trust was slow but so effective that when the COVID-19 pandemic began, India's national government tasked CAPED with helping implement COVID-19 screenings and vaccination. In 2022, CAPED asked the government to build on this success and support the same model to implement HPV vaccination and cervical cancer screenings.

**How was district implementation structured in this project?**

In 2022, when ACS joined CAPED's efforts, there were many gaps in cervical cancer prevention knowledge and awareness, even among providers. A second challenge was the lack of a pathway to treatment after a positive screening. To address these barriers, Ms. Gupta and her colleagues shaped the training modules to provide both technical training and guidance for sustainable patient support. The trainings and cancer screening model have proven extremely successful; CAPED hopes to next bring in government support to ensure that the work can continue.

**IAP has taken on the ambitious goal of training 20,000 providers. What successes and challenges have you faced in rolling out these efforts?**

IAP used the same co-training model as FOGSI to reach its audience, but, unlike FOGSI, IAP has a hierarchical structure, with a vice president for each of five geographic zones. Zonal vice presidents oversaw the training and dissemination in their regions down to the district level. Trainings were mostly virtual, which likely increased participation and response. Pediatricians in attendance at the national meeting pledged to continue the cervical cancer prevention efforts, as did participants in a walkathon on India's Independence Day. IAP continues to communicate to its members the importance of discussing HPV vaccination with parents of school-aged daughters, and of offering screening for mothers.

**India will be adding HPV vaccination to its free national immunization program. How has FOGSI helped build and sustain this project's momentum?**

The program created a “silent revolution” in which healthcare providers took up the banner of vaccination and screening. Once the program was underway, trainings occurred many times per day, which required a significant investment of time from zonal leaders.

WhatsApp chat groups proliferated among master trainers and trainees to continue the discussion. FOGSI worked to ensure that zonal leaders and master trainers felt confident and equipped to answer questions and succeed in their roles. Dr. Kumar and her colleagues worked tirelessly to ensure that trainees were getting accurate information and felt confident in their new knowledge and skills, and that any trainers failing to meet expectations were quickly replaced. Their labor has been rewarded with success in

increased uptake of screening and vaccinations, in community awareness, and in enthusiasm and competence among providers.

**CAPED has created an implementation guide for working at the district level. Were elements of the first phase of the project transferable? What are your hopes for this work?**

The implementation guide is very clear and accessible, but India is extremely diverse, and no two districts will have the same culture, social norms, religious makeup, or common language. CAPED plans to continue testing the implementation guide to determine which elements can be standardized and which will need to be tailored for a district's needs. The organization is partnering with CSOs that have both local expertise and the trust of their communities. The next phase will be to work at the state level. Once the guide has been refined, it will be available as a self-contained resource for the global cancer community.

**CFI has created a cervical cancer prevention action guide for medical societies in India. What advice would you give potential users of this guide?**

The action guide, like CAPED's implementation guide, will ideally be usable by societies and providers in any geography. The resources are now being translated into several of India's major languages. There are ample opportunities to introduce and use these resources in many different settings, and users should feel empowered to lead this work in their communities.

**How have you have engaged with men and other cultural gatekeepers to girls' and women's health?**

CAPED's approach of working with ASHAs to secure endorsement from village elders has been a successful strategy. Community members are more likely to be responsive when male elders have signed off on a plan. Building trust and relationships is time-intensive but essential, as one misstep or misunderstanding can undermine the entire effort.

Dr. Kumar has found that male physicians are responsive to messages regarding protecting their daughters. Observing that fathers are also often active participants in school-related activities, FOGSI has also integrated those avenues into its outreach.

All pediatricians, regardless of their gender, are highly motivated to support childhood vaccination in general. The task has been to generate awareness that HPV immunization belongs under that umbrella, along with other newer vaccines.

**How did IAP create time for pediatricians to participate in trainings?**

IAP monitors attendance at meetings. They have found that virtual sessions are better attended, and that participants are more likely to complete modules that are attached to other subjects that interest them.

**How did you navigate Tata Memorial Centre's disparagement of HPV vaccination?**

Because the vaccine's safety and efficacy have been proven, FOGSI had no concerns. To address doubts regarding cost effectiveness, they highlighted India's significantly disproportionate burden of cervical cancer incidence and deaths, as well as the cancer's preventable nature. Prevention is far more economical than treatment. As gynecologists, Dr. Kumar and her colleagues have earned their patients' trust over many years, and are therefore in a position to dispel misinformation or patients' concerns.

Dr. Kurkure concurred, and said that the evidence in favor of the vaccine's safety and efficacy is overwhelming. Her organization did not open this issue with the hospital at all.

**What lessons did you learn from these experiences?**

Getting stakeholder buy-in, whether at the government or community level, is essential before beginning. Communication must be open, and any concerns must be addressed early.

Organizations must be responsive to the needs of the communities they serve. Increasing people's confidence in their own knowledge can help lead to success and catalyze long-term enthusiasm, acceptance, and engagement.

Collaborations work. They require patience, openness, and a win-win orientation for all involved. Implementation managers should think about what works, who will engage with it, and how to keep those stakeholders engaged and excited through the entire process.

It is vital to believe in the work, be responsive, and accept novel ideas. Positive reinforcement and getting buy-in from community leaders, including physicians, are essential.

## The Impact of Cross-Cultural Collaboration on Clinical Trials Successes in the U.S.-Latin American-Caribbean HIV/HPV Cancer Prevention Clinical Trials Network (ULACNet) (Day 3)

### **Session Chair**

**Ms. Emma Brofsky**, Scientific Program Analyst, National Cancer Institute, United States

### **Speakers**

**Ms. Frances Vazquez Sanchez**, Research Scientist/Study Coordinator, Comprehensive Cancer Center Puerto Rico, San Juan, Puerto Rico

**Dr. Betania Allen-Leigh**, Professor/Investigator, Instituto Nacional de Salud Publica, Mexico City, México

**Mr. Caique Mello**, Program Manager, Weill Cornell Medicine, United States

**Dr. Delia Pinto-Santini**, Research Associate, Fred Hutchinson Cancer Center, United States

**Ms. Giovana Teixeira**, Subinvestigator, Oswaldo Cruz Foundation, Brazil

**Ms. Jessica Gutiérrez**, Study Coordinator, Via Libre, Peru

**Dr. Vanessa Rouzier**, Research Site Leader, Haitian Group for the Study of Kaposi Sarcoma and Opportunistic Infections (GHESKIO), Haiti

People living with HIV are now living longer and healthier lives due to increased access to antiretroviral therapies and better overall healthcare. Individuals living with HIV are at risk for developing HPV-related cancers, including cervical, vulvar, vaginal, anal, and oropharyngeal cancers. ULACNet brings together a variety of collaborators from institutions in the United States, Mexico, Puerto Rico, Peru, Brazil, Haiti, and the Dominican Republic. United in the goal of conducting high quality cancer prevention clinical trials for people living with HIV, these collaborations have been cultivated and challenged over the network's first four-and-a-half years. There are currently five open trials focused on optimizing dosing and evaluating new indications for HPV prophylactic vaccines and improving accuracy of cervical and anogenital cancer screening/triage. The program is managed by a team at NCI and implemented through three international partnership centers. Network-wide initiatives to enhance collaboration include the Unified Network Initiative to Enhance Community Dialogue and Site Education (UNITED), opportunities at annual meetings for early-stage investigators, inclusive annual meetings, and the *ULACNet Update* newsletter, which solicits articles from network members and is

available in four languages. In this session, a panel of network members based in Latin America, the Caribbean, and the United States addressed the challenges and lessons learned in creating and maintaining cross-cultural partnerships focused on carrying out clinical trials on HPV-related cancer prevention and screening.

**What were the biggest administrative and operational challenges you faced when implementing ULACNet clinical trials?**

The disruption caused by the COVID-19 pandemic required Dr. Rouzier's site in Haiti to open an additional trial site. Adding a new international site created significant administrative delays and required substantial coordination with NCI, Fred Hutchinson Cancer Institute, and the team in Haiti. While Dr. Rouzier and her colleagues have collaborated with the National Institute of Allergy and Infectious Diseases in the past, they were new to working with NCI, and this relative unfamiliarity may have contributed to the Institute's concern regarding budget and trial accrual. The lesson is that administrative preparation is as important to international collaboration as technical site preparation. The site was ultimately onboarded, and enrollment was completed in 6 months.

Mr. Mello credited the contributions of administrative and operational staff with helping move the study forward. This is the first time he has ever managed a project not only of this scale, but also in an international setting, which presented a range of challenges and new experiences. One of the most significant rate-limiting factors was getting regulatory approvals and procuring equipment for study sites. He and his colleagues must complete documentation that meets the standards of governing bodies and scientific and ethical review boards in both Mexico and Brazil, as well as those of NCI. Similarly, shipping study materials and specimens presented many regulatory hurdles and, therefore, delays. He concluded that there are many gaps in country-specific public-facing resources related to the operational implementation of global health research. By participating in the Symposium, he hopes to learn more and exchange experiences and insights with others.

**Describe some of your successes and hurdles in recruitment and retention of adults and children living with HPV in your country.**

Dr. Allen-Leigh and her colleagues in the Research on Oral and Cervical Cancer, HPV and HIV in the Americas (ROCHHA) group are working on a double-blind HPV vaccine trial in men and transgender women. Participants are initially randomized to either the vaccine or placebo group; at the trial's end, those in the control group will receive the vaccine. People are motivated to join this trial in order to access the vaccine, which is not otherwise available to them. When Dr. Allen-Leigh and her colleagues realized they needed to extend the length of the trial, they were concerned that participants would not want to wait longer

for the vaccine. They found, however, that their close relationships with participants had created trust, and participants were willing to remain in the trial.

Another challenge involved increasing the sample size of the study; physical space at the clinic site is extremely limited, and there is no waiting room. Dr. Allen-Leigh and her colleagues had to organize the schedule carefully to prevent overlap. There is also insufficient storage space at the clinic site, and samples must be transported back to the lab immediately upon collection. Finally, healthcare personnel are already overburdened and rarely have time or energy to refer their patients to the study.

One successful strategy has been thoroughly pre-screening potential trial participants to ensure they are fully eligible. The study team maintains detailed local records about ineligibility because some aspects, such as the length of time on a specific medication, can change, and an individual may become eligible later. Another important factor is providing compensation to participants.

Dr. Gutiérrez and her colleagues aimed to recruit 100 HIV-positive children between the ages of 8 and 13 who were receiving treatment in Lima, Peru. One challenge to accrual was the requirement that both of a child's parents authorize their participation. Some parents were deceased, and others could not be contacted; additionally, some children were being raised by relatives who did not hold parental rights. Ultimately, the study team recruited 28 children. One successful recruitment strategy was holding informational discussions with parents to explain the purpose and goals of the trial, and to encourage them to invite other families to participate in the study's control arm. To support successful participation, the study team called families both 7 days and 24 hours before each visit. Follow-up calls were made every 3 months to confirm contact information and check on the children's status. The Peruvian Ministry of Health is currently implementing vaccination campaigns for school-aged children. Through the follow-up calls, the study team was able to confirm for parents and school administrators that participating children had already been vaccinated.

After a long delay due to the pandemic, Dr. Rouzier and her colleagues in Haiti were relieved to be able to begin recruiting for their study in June of 2023, and accrual was completed within six months. In addition to the pandemic, the last four years have been an extremely difficult time in Haiti due to escalating political turmoil that has culminated in civil-war-like conditions. The country has been in a state of emergency for the past three months. Citizens are under a curfew that limits researchers' operational capacity and working hours, and large parts of the population have been displaced from the capital due to violence. Study participants have had to abandon their homes and frequently change

locations, which makes it very difficult to maintain contact. However, Haiti is a country plagued by natural catastrophes, and the research team at Dr. Rouzier's site has an ongoing contingency plan that is updated after each new challenge. For the current study, the team has adapted its communication protocol to include WhatsApp messages and phone cards so participants can stay in touch. An advantage of the study site is that it is located at the clinic where participants receive their HIV treatment. Staff there have longstanding relationships with patients and trial participants, who make an effort to stay in touch. This connection has supported a 100% retention rate for the trial. The upheaval has left many families and their participants overwhelmed and traumatized, often without enough to eat. The study site has at times provided food kits and other practical support. The resilience of the study and its participants demonstrate the high value people place on being able to access clinical care through research. The work is rewarding, valuable, and feasible when research teams are able to adapt.

**What were the lessons learned for laboratory and pharmacy requirements at your sites?**

Laboratories outside of the United States have their own infrastructure and operations, but may not have Clinical Laboratory Improvement Amendments (CLIA) certification, as CLIA is not the norm everywhere. This does not mean that these laboratories are not valid or qualified, only that their systems are different than those in the United States. Another challenge was tracking specimens, as U.S.-based labs may be accustomed to relying on expensive specimen-tracking software. Investigators preparing to work in other countries may need to budget for this software or create their own tracking system, which can be logistically complex. Disruptions in air traffic, such as the cancellation of flights in and out of Haiti, can create delays in specimen delivery or a shortage of other supplies like dry ice. Regarding pharmacy considerations, Dr. Pinto-Santini and her team learned through experience that vaccines and other pharmaceuticals may need relabeling in order to cross through customs, depending on a country's requirements. The biggest lesson, she said, is to sit down and talk with the entire site team to ensure that the plan is complete, realistic, and flexible.

Dr. Allen-Leigh described the challenges of randomizing and transporting vaccines to multiple study sites across different geographic distances. Her team has learned to perform the randomization at the laboratory, then transport each patient's dose of vaccine or placebo immediately before the patient arrives at the clinic site. This is extremely complicated but essential, as there is no storage space to keep the drugs onsite. Access to equipment at study sites can also be limited; Dr. Allen-Leigh and her team had to transport

samples back to the laboratory after hours and do the analysis there. Shipping samples to the biobank has presented similar difficulties.

**How do you see your cross-cultural partnerships contributing to the sustainability of your sites for future research?**

Ms. Sanchez acknowledged that, while her work has been challenging, the benefits have been great. The members of her consortium collaborated on a new study to investigate oral HPV prevalence and risk factors using existing site direction and infrastructure from existing studies. They were granted the funds for a pilot study and have already recruited more than 2,000 participants.

The original study screens use high-resolution anoscopy (HRA), a relatively new procedure. Given the relatively low number of physicians trained in HRA, the clinicians trained in this new study will be key in future studies requiring this procedure.

Their work also allows for cross-cultural comparisons, which will increase scientific understanding of anal and cervical cancer co-occurrence and prevention in the context of different regions and cultures.

Ms. Teixeira agreed that cross-cultural partnerships contribute to the sustainability of sites for future research. Brazil is a large country that is home to many different cultures; sharing lessons learned in this setting can help increase the diversity of knowledge even further, which leads in turn to more innovative solutions and more accurate and representative results. While listening to the other panelists, Ms. Teixeira realized that the same challenges are experienced by researchers in many countries, and that they are not facing them alone.

**How can these collaborations be extended to other parts of the world?**

NCI's CASCADE network has a global focus on HPV-related cancer prevention, and that it interacts with other networks.

**How can we address attrition in research studies in conflict settings in LMICs?**

Researchers should work with local institutions with established track records in this regard, whether in clinical care or research conduct. Local expertise and trusting site partners to do their work is key. Dr. Rouzier's study site in Haiti has a perfect retention rate because the local team and staff are both dedicated and experienced in that setting.

A lesson for NCI is to be flexible and patient with partners working in LMICs, and to trust that they will ask for assistance when needed.

### **How have you adapted to multilingual contexts to promote collaboration in non-English-language-dominant countries?**

Translating recruitment materials, documentation, and trainings into local languages is an important first step, but that researchers must also learn enough of the language to be able to discuss financial reporting, auditing, scientific monitoring, and to confirm that the work is being carried out according to auditors' requirements.

One speaker's team has outsourced some of these tasks to a vendor that specializes in the translation of scientific documents. There are limits to the translators' abilities, as a word or phrase's literal meaning may have a different connotation in a research or regulatory context. It is extremely important, therefore, to have a multilingual study team.

## **Building Cancer Genetics Infrastructure in Resource Limited Settings: Multinational Experiences and Perspectives (Day 4)**

### **Session Chair**

**Dr. Gerneiva Parkinson**, Resident, Warren Alpert Medical School of Brown University, United States; Executive Director, Caribbean Alliance to Control and Prevent Cancer, Trinidad and Tobago

### **Speakers**

**Dr. Brittany Bychkovsky**, Medical Oncologist, Dana-Farber Cancer Institute, United States; Assistant Professor of Medicine, Harvard Medical School, United States

**Dr. Gerneiva Parkinson**, Resident, Warren Alpert Medical School of Brown University, United States; Executive Director, Caribbean Alliance to Control and Prevent Cancer, Trinidad and Tobago

**Dr. Kellie Alleyne-Mike**, Clinical Oncologist and Medical Director, Cancer Center of Trinidad and Tobago, Trinidad and Tobago

**Dr. Achille Van Christ Manirakiza**, Medical Oncologist, King Faisal Hospital, Rwanda

**Dr. Temidayo Fadelu**, Medical Oncologist, Dana-Farber Cancer Institute, United States; Instructor in Medicine, Harvard Medical School, United States

Despite the rapid advancement of genetic testing technology and improvements in affordability, many LMICs continue to face major challenges in implementing hereditary cancer genetic testing. Challenges include limited regional infrastructure, lack of clinical expertise in managing results, and sociocultural barriers. In this session, participants presented innovative approaches to addressing these challenges.

## Cancer Genetics Testing: A Foundation Introduction

Patients diagnosed with cancer may be offered multigene panels of up to 100 genes. Each pathogenic variant is associated with a different cancer phenotype. The cost of these tests has come down; today, they cost slightly more than a COVID-19 polymerase chain reaction (PCR) test.

Cancer-associated gene variants have historically been associated with Ashkenazi Jewish ancestry, but research has shown that these mutations can be identified in individuals of any race, ethnicity, or ancestry. Guidelines from the ASCO and the Society of Surgical Oncology (SSO) recently released a statement recommending cancer genetic testing, particularly for *BRCA1/2*, in all newly diagnosed breast cancer patients, all breast cancer survivors where the results may impact their survivorship care, those with locally recurrent breast cancer, and those with greater than one breast cancer diagnosis. Providers should remember that hereditary cancer mutations are present in people of all races, ethnicities, and ancestries. They should not allow outdated biases around ancestry to prevent them from offering testing to all patients in whom genetic testing would influence care.

Cancer genetic testing influences prevention strategies like risk-reducing surgeries and medications, indicates when there is a need for high-risk screenings, informs cancer treatment decisions and access to targeted therapies, can help with family planning, and affects future care for family members. Many groups now offer guidelines for managing pathogenic variants in cancer genes. Yet the use of this kind of testing is limited worldwide, particularly in LMICs. Dr. Bychkovsky and her colleagues published [a call to expand global access to hereditary cancer genetic testing](#) in 2022. Their aims were to normalize and destigmatize individual cancer susceptibility, to train and educate healthcare providers in cancer genetics, and to develop local, patient-centered systems for high-volume testing. The [ProGen study](#) compared pre-test video education counseling with in-person counseling in 662 men referred for genetic testing. Both groups had high satisfaction after the intervention, and men who received video education counseling were slightly more likely to complete their testing. This model may be scalable and useful for settings in which staffing is limited.

In their 2022 publication, Dr. Bychkovsky and her co-authors recommend the development of country-specific guidelines for cancer genetic care, as well as the galvanization of international support for hereditary cancer testing, including advocating for the addition of hereditary genetic cancer testing on the WHO Essential Diagnostics List.

## Investigating Breast Cancer Genetics in Trinidad and Tobago: Anatomy of a Team

The average age of breast cancer diagnosis in Trinidad and Tobago is 45 to 50 years—significantly younger than the U.S. average of 61. To explore possible genetic underpinnings of this difference, Dr. Parkinson and her colleagues began a study in 2016 of 249 breast cancer patients who met National Comprehensive Cancer Network® (NCCN) criteria for further genetic counseling and testing. Dr. Parkinson's organization was the hub of the study team, collaborating with partners at a cancer center and a hospital, regional health authorities, a genetic sequencing company, and an academic medical center.

The study had three phases, each with its own staffing. While the pivot to digital communications and telehealth brought about by the COVID-19 pandemic has improved access to research and care, it is crucial for a study to have an experienced project coordinator onsite. Local medical staff and research assistants supported recruitment, conducted precounseling sessions, reviewed the basics of genetic testing and study protocols, and collected participants' family and personal medical histories. In the second phase, Color Health tested participants' samples for 30 genes associated with hereditary conditions. They used a courier service to ship samples between the study site and Color's lab in California, and the kits were prepackaged to meet international shipping standards. Researchers in LMICs developing studies that involve biospecimens should bring on industry partners who can be flexible and adapt to their site's specifications and needs. In the study's final phase, a multidisciplinary team returned results to participants, who received genetic counseling, a complete report of their results, and the option to have their results shared with their local oncologists for clinical purposes. Dr. Parkinson and her colleagues are now exploring how to integrate video counseling into their research workflow.

In conclusion, Dr. Parkinson encouraged researchers to take a “one project, one team” approach to research, prioritizing onsite visits to each partner's facility. While study partners may be geographically scattered, keeping this ethos in mind will help everyone involved stay on the same page, connected, and engaged.

## Clinical Research in an International Environment: A Local Perspective

Breast cancer is the number one cause of mortality for women in Trinidad and Tobago, with the majority of patients diagnosed with stage II or III cancer. The country has a dearth of oncologists, with just one professional for approximately every 100,000 people.

Dr. Alleyne-Mike offered a series of practical recommendations based on her local experience.

- Identify the important personnel: “Read the room” to frame your research narrative; know your audience, their systems, and their level of interest; and understand who has approval authority at the institutional, regional, and national levels. Use stakeholders to identify challenges in advance, and learn about existing resources in order to build on them. Find advocates to collaborate with you and other local cancer-related organizations.
- Understand the reasons for a “no”: Do the background work to understand why a policymaker might not be interested in supporting your project, or why a door would remain closed. In almost any setting, this often comes down to funding and ethics. Policymakers may also be concerned about the need for follow-up steps and further testing or care. Coming prepared with a clear plan that demonstrates knowledge of your setting can assuage hesitation.
- Map out timeframes for reactivity: Recognize that you are working within the limitations of a facility or institution that may differ from your own. Learn the process and typical timeline for ethics review, as you may need to get approval from several different review boards, each with its own meeting schedule, and review may be simultaneous or sequential. You should also familiarize yourself with system constructs for accessing patient data; many systems are still paper based, which will require manual review. Consider the specialty staffing needs for implementing your intervention, as well as workload and wait times at clinic sites.

Dr. Alleyne-Mike concluded by encouraging her peers to never underestimate the power of “the man on the moon”: daring progress that paves the way for a better future.

### Rwanda Cancer Genetics Initiative

Rwanda is a geographically small country and the most densely populated country in Africa. Rwanda has approximately 14 oncologists for a population of nearly 14 million, but Dr. Manirakiza and his colleagues hope to see that number grow in the near future.

Most of the cancer genetics literature in Rwanda and East Africa comprises interest-based studies on specific genes and alleles. Dr. Manirakiza and his colleagues saw a need for guidelines-driven population studies with cancer-prone families at their center, explorations of genetic counseling, and how to translate research into day-to-day clinical practice. Spurred by Rwandan President Kagame’s interest in precision medicine, the team proposed a study and was awarded funding by NCI in 2020. The study launched in

April 2022 and completed in February of 2023. Its focus was on the identification of patients eligible for genetic testing, and on refining risk models, eligibility criteria, patient knowledge, and ascertainment strategies. Dr. Manirakiza and his co-investigators adapted existing protocols to better suit their population, including NCCN guidelines for breast and prostate cancer. Many patients lost both families and family histories in the 1994 genocide, so the eligibility criteria were adjusted to center primarily on patient age instead.

The study team initially recruited 400 patients—196 women and 5 men with breast cancer and 199 prostate cancer patients. The team experienced typical study center issues and attrition; by the end of the study, they had results from 342 people. Their results, currently under review, include a very high proportion of breast cancer patients with the *BRCA2* mutation relative to other African populations and high proportions of *BRCA2* and *RECQL4* in prostate cancer patients.

Next steps will include explorations of the optimal delivery of genetic counseling and education for Rwandan patients, as well as expanding activities to include cascade testing and looking for other malignancies, addressing variants of unknown significance, shifting from research into clinical practice, and collaborating with other consortia.

### **Perspectives of Healthcare Providers in Rwanda on Cancer Genetics**

Dr. Fadelu and his colleagues surveyed 100 healthcare providers in Rwanda to learn their perspectives on genetic testing. The multiple-choice electronic survey was distributed to a convenient sample of nurses and doctors across the country over four months in 2022. Most respondents were below age 40 and from national hospitals in the capital city of Kigali. The majority had some formal exposure to cancer genetics in school, but far fewer had any experience after they entered practice. A much smaller proportion had completed continuing medical education on the subject, but virtually all respondents were interested in doing so if it was available. Respondents generally rated their knowledge of cancer genetics as “Fair” or lower. They felt that oncologists and genetic counselors were best qualified to provide genetic counseling but were open to training staff in other roles or specialties. The top barriers to implementing genetic counseling were rated as cost, patient knowledge, testing infrastructure, and insufficient personnel. This foundational work will help overcome barriers and increase implementation of and wider access to cancer genetic testing.

## Q&A

### **How should researchers without in-country resources for genetic testing choose an industry partner?**

The ideal partner is adaptable and flexible to the workflow at the study site, which will differ significantly from processes in the United States and other high-income countries. They should also have a track record of reliability, success, and collaboration with academic partners.

### **How should researchers prepare to handle the costs of genetic testing?**

Each country's model of reimbursement or payment may be different; in some locations, universal healthcare might cover the cost, whereas elsewhere, patients may need to pay out of pocket. To ensure that cost is not a barrier to participation, researchers should prepare to fund the test kits with their own budget.

# Scientific Abstract Presentations

## Meet the Abstract Authors Poster Sessions

Each day included an interactive poster session on the Gather platform that offered participants an opportunity to discuss posters with their presenters. All posters were also made available on the [ASGCR website](#). The top-scoring scientific abstracts on global cancer research and control were presented in oral abstract Rapid-Fire sessions. The abstracts will also appear in a special issue of *The Journal of Clinical Oncology: Global Oncology* in July 2024.

## Rapid-Fire Abstract Talks

There were two Rapid-Fire oral abstract sessions held during the Symposium. Each five-minute, high-level presentation covered a research study or implementation program. Presentations were grouped by topic area (selected by the scientific abstract author upon submission).

## Topic 1: Global Cancer Research

### **Session Chair**

**Dr. María Teresa Bourlon**, Assistant Professor, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico; Representative, American Society of Clinical Oncology, United States

### **Presenters**

**Ms. Hedda Michelle Guevara-Nieto**, Instituto Nacional de Cancerología, Colombia

**Mr. Venkatesh Varadharaj**, University of Nebraska Medical Center, United States

**Ms. Rocio Seniuk**, Instituto de Química Básica y Aplicada del Nordeste Argentino (IQUIBA-NEA), Argentina

**Dr. Bita Esmaeli**, MD Anderson Cancer Center, United States; Mekelle University, Ethiopia

**Ms. Keneuoe Cecilia Nthontho**, University of Botswana, Botswana

**Ms. Nimra Rahman**, City University of New York Graduate School of Public Health and Health Policy, United States

**Ms. Anjali Mishra**, Creighton University, United States

**Mr. Taras Ivanykovych**, Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

## **Topic 2: Global Cancer Control**

### **Session Chair**

**Dr. Rahma Mkuu**, Chair, Global Cancer Research Special Interest Group, American Society of Preventive Oncology; Assistant Research Scientist, Institute for Child Health Policy, University of Florida, Gainesville, United States

### **Presenters**

**Dr. Hasan Jamil**, Graduate School of Public Health, St. Luke International University, Japan

**Ms. Shaylen Foley**, American Cancer Society, United States

**Ms. Alia Rahman**, Amplexd Therapeutics, Inc.

**Dr. Oluwatayo Adeoye**, St. Elizabeth's Medical Center, United States

**Ms. Xolisile Dlamini**, Ministry of Health, Eswatini

**Ms. Gloria Kitur**, International Cancer Institute, Kenya

**Dr. Biniyam Tefera Deressa**, Adama Hospital Medical College, Ethiopia

**Dr. Benson Nyambega**, Western Kenya Cancer Care and Research Center, Kenya

## **Topic 1: Global Cancer Research (Day 2)**

### **Transcriptomic Features Associated to Neoadjuvant Chemotherapy Response in Four Molecular Breast Cancer Subtypes**

Breast cancer is the leading cause of morbidity and mortality for women in Colombia. Not all breast cancers respond to chemotherapy, which suggests variation in tumor features. Ms. Guevara-Nieto and her colleagues conducted a study to investigate gene expression pathways associated with non-response to neoadjuvant chemotherapy (NAC) in invasive breast cancer. Integrative transcriptome analysis was performed on 53 samples taken from patients at the Colombian NCI who were candidates for NAC. Gene expression profiles differentiated the responders ( $n=26$ ) from non-responders ( $n=27$ ), particularly in pathways related to the immune system. The investigators then used these data to predict clinical response. Additional analyses, including qPCR, immunohistochemistry, and *in vitro* and *in vivo* studies, are needed to complement these findings. The results help elucidate therapy resistance mechanisms and may identify which Latino (Colombian) patients will benefit from NAC.

### Unique Glycosylation Pattern Governs Metastatic Organotropism of Pancreatic Ductal Adenocarcinoma

The extremely low survival rate of patients with pancreatic ductal adenocarcinoma (PDAC) is due to its tendency to metastasize to vital organs at an early stage, and to recur after surgery. Glycosyltransferases (GTs) play a major role in PDAC progression and metastasis. Mr. Varadharaj and his colleagues developed metastatic cell lines through two models, then analyzed expression of GT genes in both the metastatic models and original cancer cell lines. Their results indicate a clear relationship between expression of individual GTs, namely *GCNT3* and *B3GNT3*, and liver- and lung-specific metastasis, respectively. After success in *in vitro* and *in vivo* models, the investigators used samples from the cells of patients with PDAC to clinically validate their findings. These results underscore the translational potential of targeting glycan synthesis pathways as a therapeutic strategy for combating PDAC metastasis.

### Deciphering the Nuclear Role of Heme Oxygenase-1 in Prostate Cancer: Transcriptional Reprogramming and Neuroendocrine Differentiation

Heme oxygenase-1 (HO-1) is an enzyme that catalyzes the rate-limiting step in heme degradation. Previous studies have demonstrated the anti-tumoral role of HO-1 in prostate cancer (PCa) and its nuclear translocation, hinting at a potentially regulatory role within the nucleus. Ms. Seniuk and her colleagues undertook a mass spectrometry-based proteomics approach to assess HO-1 nuclear interactors in PCa cells treated with hemin. *In silico* methods included interactome identification and analysis and transcriptomic analysis in a preclinical model. The team also analyzed RNA-seq data from patient-derived xenografts to evaluate the clinical relevance of these genes in the context of PCa heterogeneity. Their results indicate that HO-1 nuclear interactors have binding sites in promoter regions of target genes enriched in roles related to gene expression regulation. Those same genes can be linked to neurodegenerative diseases, mirroring the neuroendocrine phenotype in advanced PCa and underscoring the potential of HO-1 as a therapeutic target in PCa treatment strategies.

### Genomic and Immunophenotypic Characteristics of Conjunctival Squamous Cell Carcinoma in a Sub-Saharan Cohort Suggest a Role for Immune Checkpoint Inhibitors in Locally Advanced or Metastatic Patients

Conjunctival squamous cell carcinoma (SCC) is 9 to 10 times more common, and more fatal, in Africa than in North America and Europe. This cancer generally presents more aggressively in African populations and often can only be treated with complete removal of the affected eye and its orbital contents. About 2 years ago, Dr. Esmaeli and her colleagues treated a patient's conjunctival SCC with immune checkpoint inhibitors (ICIs) and

witnessed a remarkable response. The patient has remained disease-free for 2 years after surgery. Dr. Esmaeli and her colleagues collaborated with investigators from Mekelle University in Ethiopia on a translational study on genomic analysis of their data. Their results indicate that conjunctival SCC is associated with a high tumor mutational burden and a UV mutational signature, suggesting that these tumors may be susceptible to ICI therapy. Clinical trials should be designed to bring ICI to populations in Sub-Saharan Africa to decrease ocular morbidity and improve quality of life and survival.

#### **Breast Cancer Pharmacogenetics in Botswana**

Breast cancer represents almost 20% of all cancers diagnosed in Botswana and more than 10% of cancer-associated deaths among women. There are three types of pharmacogenetic metabolism: poor, extensive, and rapid. Poor metabolizers are more prone to drug-related side effects and toxicity, while rapid metabolizers do not experience therapeutic benefit from a drug. To explore the pharmacogenetics of breast cancer treatment in this population, Ms. Nthontho and her colleagues analyzed 250 breast cancer-positive tissue samples using microtomy sectioning, PCR analysis, and genotyping. Analysis uncovered an association between two genes, *CYP2C8* and *CYP2D6*, and reduced enzyme activity in the metabolism of chemotherapy agents tamoxifen and paclitaxel. These genes appear at a non-negligible rate in the Botswanan population. The results suggest a possible future pathway for personalized treatment and improved survival outcomes in breast cancer.

#### **“If I Have the Courage...I Prefer to See a Doctor”: A Qualitative Exploration of Ethiopian Women’s Hesitancy to Screen for Cervical Cancer Using HPV Self-Sampling**

Human papillomavirus (HPV) self-sampling is a safe and easy approach for cervical cancer screening, yet studies suggest a hesitancy among Ethiopian women to test at home. Ms. Rahman and her colleagues conducted a qualitative study using focus groups to explore perceptions of cervical cancer screening. Focus group participants were shown videos on in-clinic and self-sampling screening methods, then asked for their thoughts. Recordings of the sessions were transcribed, coded, and analyzed to detect major themes. Results showed that women are concerned about the wait time associated with self-sampled screening, and that they did not feel confidence in their ability to collect the sample themselves. Awareness of cervical cancer and self-sampling were low, particularly in rural settings. Future educational and screening interventions should be tailored to address these issues and self-described knowledge gaps to better empower patients and encourage screening.

## Racial Disparities in Pediatric Patients with Acute Lymphoblastic Leukemia: An NCDB Analysis

Acute lymphoblastic leukemia (ALL) is the most common type of pediatric cancer. Historical data show that, while prevalence is higher in non-Hispanic White and Hispanic children, survival rates have been lowest among Black and Hispanic children. To provide a more updated assessment, Ms. Misra and her colleagues analyzed retrospective data from the National Cancer Database (NCDB) on diagnosis and survival in ALL patients from 2004 to 2020. They found that, although overall survival (OS) rates have improved over the last two decades for all racial groups, Black and Hispanic children with ALL continue to have lower OS and greater hazard ratios than White patients, even after adjusting for sex, insurance status, median income, and comorbidities. Prior studies indicate that the disparities are the result of social factors including discrimination, and financial and language barriers to accessing clinical trials and other care. Reducing disparities in ALL burden among pediatric patients is not only a matter of health equity, but a requirement of ensuring the well-being of all children.

## Patient Financial Well-being and Access to Cancer Treatment During Wartime

Mr. Ivanykovich and his colleagues used the Computer-Assisted Personal Interviewing method to explore the impact of patient-reported financial well-being on access to cancer care during Russia's full-scale invasion of Ukraine. Between October 15 and 27, 2023, respondents ( $n=522$ ) across Ukraine used digital tablets to complete a standardized questionnaire about their financial well-being and access to cancer care. Analysis of the responses showed that self-reported financial well-being did not reduce wait time for cancer care during wartime. Only 5% of respondents reported either being able to put aside money for savings or "full prosperity." In the city of Kharkiv, the proximity of wartime hostilities resulted in increased out-of-pocket payments for treatment. Future studies should identify strategies for overcoming these barriers and evaluate the overall quality of cancer care in war zones.

## Topic 2: Global Cancer Control (Day 3)

### Examining Vaccine Attitudes: A Comparative Study of Parents of Healthcare Workers and the General Population in Japan

Japan's HPV vaccination program has historically faced challenges, resulting in low vaccination rates (approximately 30%) compared to other high-income countries. This stands in stark contrast to the country's significant uptake (80%) of the COVID-19 vaccine. To examine the attitudes underlying this disparity, Dr. Jamil and his colleagues performed cross-sectional analysis on responses from the 2022 Japan COVID-19 and Society Internet Survey. In comparing the scores of healthcare workers ( $n=70$ ) and the general population

( $n=895$ ) the investigators found that members of medical professions were significantly more likely to vaccinate their daughters against HPV. These findings underscore the need for targeted, well-structured public awareness campaigns for the HPV vaccine, such as those used to promote COVID-19 vaccination.

#### [Piloting a Model for Cervical Cancer Screening Through Community Outreach and Government Capacity Building in India](#)

While India has initiated efforts to combat the country's high rate of cervical cancer, only 1 out of 10 women have been screened in the past 5 years. Barriers to cervical cancer screening uptake include gaps within the government health infrastructure, as well as social barriers like stigma and lack of awareness. In collaboration with CAPED, local health departments, and ACS, Ms. Foley and her colleagues developed a model for community-based organizations to support district health departments to improve accessibility, strengthen policy, increase awareness, and reduce stigma of cervical cancer screening. Their efforts led to screenings for 5,653 women, 91 of whom consented to patient navigation support following a positive test result. The program increased access to screening services, enhanced government provider capacity, and improved community awareness of cervical cancer screening. Programming was successfully embedded within the government health infrastructure, but sustainability and institutionalization will require firm government commitment and resource allocation.

#### [From Self-Collected HPV Sampling to Self-Administered Treatment of Cervical Pre-Invasive Lesions: A Dream to Reality](#)

Advancements in technology have revolutionized screening for cervical intraepithelial neoplasia (CIN). At-home self-testing for cervical HPV is as effective as, and more convenient than, in-clinic sampling. Ms. Rahman and her colleagues conducted a desk review of historical and current advances in the topical treatment of CIN to identify therapeutic options suitable for similar self-administration. Their analysis suggests that self-administered intravaginal suppository-based topical CIN treatment is a clinically feasible option that should be further explored. Ms. Rahman and her colleagues at Amplexd have made progress toward developing a self-administered treatment, which could help bridge the current treatment delivery gaps in low-resource settings.

#### [Global Landscape of Phase III Interventional Clinical Trials in Colorectal Cancer](#)

Colorectal cancer (CRC) accounts for 10% of all cancer cases and 9% of all cancer-related deaths worldwide. To examine the global landscape of therapeutic trials for CRC, Dr. Adeoye and his colleagues queried ClinicalTrials.gov for all phase III studies evaluating CRC interventions and analyzed the data. They identified 281 clinical trials, 94% of which

were randomized controlled trials. The majority of trials (83%) were therapeutic, with the remainder focused on prevention, diagnosis, and supportive care. A total of 62% of the trials recruited exclusively in high-income countries, while less than 25% recruited exclusively in LMICs. There was a high rate (17%) of premature trial termination, and the geographic distribution highlights global disparities in trial access. Their findings highlight a pressing need for improved access to CRC clinical trials in LMICs; further research into factors contributing to premature trial termination and poor accrual; and a renewed focus on optimizing clinical trial design to advance innovation.

#### **Successful Establishment of a National Cancer Control Program (NCCP) and Cancer Registry in Eswatini: Lessons to Inform NCCPs in Low- and Mid-Income Countries**

A 2017 assessment by the International Atomic Energy Agency revealed severe cancer service gaps in infrastructure, personnel, training, research, and the number of patients served locally in Eswatini. In response, the Eswatini Ministry of Health developed a national cancer control strategic plan (NCCSP) and national cancer control unit (NCCU) beginning in 2019. The NCCU implemented the NCCSP in collaboration with inter-government, public–private, local, and international partnerships, as well as community advocates. A national cancer registry (NCR) was introduced, and preventive and palliative care interventions were later integrated into NCCU activities. The NCCSP, NCCU, and NCR were highly effective, increasing the number of patients receiving local treatment and management, providing cancer patient navigation, and achieving high rates of uptake of the HPV vaccine upon its rollout.

#### **Health System Strengthening Strategies for Improved Cancer Control in Sub-Saharan Africa: A Case of the International Cancer Institute’s Blueprint for Innovative Healthcare Access Program in Western Uganda**

The goal of the International Cancer Institute’s (ICI) Blueprint program in Uganda is to improve access to screening, diagnostics, treatment, and patient support services for breast, cervical, and prostate cancers while integrating with other care through a health systems–strengthening approach by collaborating with communities, district healthcare services, and Uganda’s Ministry of Health and its partners. Within one year, the Blueprint program provided thousands of screenings for cancer, diabetes, and hypertension; raised awareness among hundreds of thousands of community members through public communications; and trained dozens of personnel. The success of this model demonstrates the effectiveness of the collaborative model; the benefits of capacity building; and the importance of providing access to resource-sharing opportunities such as research, cancer registries, technical expertise, and mentorship.

### **Collaborative Action for Public Health: The Esophageal Cancer Consortium's Approach to Policy Influence and Capturing Policy Makers' Attention in Ethiopia**

Esophageal cancer (EC) is a major public health problem in Ethiopia, especially the Arsi and Bale areas. Factors contributing to the high burden include low awareness, minimal risk assessment efforts, scarce diagnostic and treatment access, and a lack of locally tailored guidelines. To address these gaps and secure the support of policymakers, Dr. Deressa and his peers formed the South East Esophageal Cancer Task Force, which became a centralized consortium to lead EC control activities across the country. Achievements include national EC conferences, the creation of EC treatment guidelines and a training manual, community education and mass media advocacy, endoscopy training and support for hospitals, and a 5-year Memorandum of Understanding between the consortium's member institutions, the Ministry of Health, and the Oromia Health Bureau. Collaborative efforts by individuals and institutions are crucial in reducing the burden of esophageal cancer and enhancing patients' quality of life.

### **Cancer Data Systems in Africa: A Scoping Review**

Standardized, high-quality cancer registries are essential for monitoring cancer incidence, prevalence, mortality, control efforts, research allocation, and policy. Dr. Nyambega and his colleagues conducted a scoping review to evaluate use of, challenges associated with, and opportunities for improvement of cancer registries in Africa. They searched five major databases—PubMed, Web of Science, ProQuest, Google Scholar, and Scopus—for peer-reviewed studies published between 2018 and 2023 that involved cancer registries in Africa. Their findings identified four major challenges across cancer registry ecosystems: inadequate legislative frameworks, inadequate funding, incomplete data sourcing and processing, and limited data demand and use. Addressing these issues will require collaboration with and goodwill among LMIC governments and all stakeholders.

# Rachel Pearline Award Presentation and Keynote Address

## ***Session Chair***

**Dr. Franklin Huang**, Associate Professor, Department of Medicine, University of California San Francisco, United States

## ***Pearline Awardee***

Benda Kithaka, Founder and Executive Director, KILELE Health, Nairobi, Kenya

## **Rachel Pearline Award Presentation**

Dr. Huang expressed gratitude to Dr. Pearline's father Donald and sister Sarah, who attended the session. Dr. Huang explained that he and Rachel grew up together in St. Louis, Missouri, and trained in the same program. He honored her passion for adventure and learning, noting that Rachel had traveled to China and learned Mandarin, but always kept her home, family, and friends foremost in her heart. After being diagnosed with gastric cancer, Rachel remained positive, spirited, and engaged, reminding those in her life how much they meant to her. The Rachel Pearline Award is given in Rachel's memory each year at ASGCR to recognize one outstanding professional who embodies virtue and eminence in cancer research, practice, and/or training in an LMIC setting. Dr. Huang introduced this year's awardee, Ms. Benda Kithaka, who is being honored for commitment to cancer survivors and caregivers, as well as her advocacy efforts to address the cancer burden in Africa. Her nonprofit organization, KILELE Health, works to improve cancer prevention and treatment and eliminate cervical cancer, and her work has been published in peer-reviewed journals. She has received many awards for her work and is a trainer, facilitator, and public speaker on advocacy for women's health.

## **Keynote Address from Ms. Benda Kithaka**

Ms. Kithaka expressed her gratitude to God, to her family members, friends, mentors, and partners; to Dr. Pearline's family; and to the ASGCR for this recognition. In preparing this keynote speech, Ms. Kithaka read about Dr. Pearline's life, work, and legacy, and felt as though she had found a kindred spirit. Ms. Kithaka was especially moved by a final video message in which Rachel encouraged people to show their true colors, and reconceived her presentation to better reflect this shared value of authenticity.

Ms. Kithaka spoke of the cancer survivors who inspired her journey, including her younger sister. Cancer still carries a significant stigma in Africa, and people are often hesitant to acknowledge their diagnosis or experience. It takes courage to speak openly, but doing so is the best way to raise awareness and save lives.

KILELE Health is a Kenyan nonprofit organization that equips patients, survivors, and caregivers to use their lived experiences as tools for policy advocacy, community education, and behavior change communications for disease prevention.

In creating their health organization, Ms. Kithaka and her colleagues wanted to amplify the strength, power, and resilience of cancer survivors. The name Kilele, which means “summit” or “peak” in Swahili, is not only a metaphor but also an invitation to survivors to join together outdoors and climb literal mountains. Through these climbs and their preparation, the KILELE Challenge equips survivors and caregivers with knowledge, skills, and tools that help transition to a new life beyond cancer. To date, cancer survivors participating in the KILELE Challenge have climbed Mount Kenya twice, Kilimanjaro once, and have undertaken more than 100 hikes.

The KILELE Challenge is just one of the important initiatives begun by Ms. Kithaka and her colleagues.

The Develop and Equip Persons Living with NCDs and Caregivers with Advocacy Skills for Sustainability (DEPCASS) program uses storytelling, advocacy training, support groups, and vocational training to help participants increase mental and emotional resilience, enhance their self-awareness and self-care, improve knowledge and skills of advocacy, offer counseling, and ultimately improve their quality of life and reintegration into their communities.

The Themani Yetu (“Our Value”) project, launched in 2022, is a corporate engagement strategy for involvement of various stakeholders toward cervical cancer elimination. The program engages survivors and caregivers as champions and ambassadors and uses community engagement to demystify cancer and encourage behavior change.

The African Cervical Health Alliance (ACHA) is a network of grassroots civil society organizations across Africa working across diverse geographies to effect change. The project’s mission is to empower communities to increase access to prevention and control of cervical cancer in Africa by 2030.

Ms. Kithaka spoke of both the fulfillment and the hardships inherent in her work. In her time in this field, she has witnessed and participated in remarkable shifts in attitudes,

awareness, and behavior. She has also lost many important people in her life to cancer, and some of these deaths were preventable. At times, grief and depression have made it difficult to continue, but her connections to others, to her purpose, and to her faith have helped her persevere.

KILELE Health is based in three counties in Kenya and prioritizes support for the most marginalized communities, including peri-urban informal settlements, arid and semi-arid regions, rural communities, those oriented toward traditional cultural practices, and multireligious, multicultural, multiethnic groupings. ACHA's geographic scope is broader, collaborating with its partners to reach millions of people in 16 countries. This approach is informed by the knowledge that while Africa is not one country, cancer is not one disease, and cancer control should not be one-size-fits-all, capacities created in one nation could help find solutions for others.

Ms. Kithaka concluded that survivors should be equipped to be agents of change through avenues like policy advocacy, clinical trials, and implementation research. Empowering survivors and caregivers will shift perceptions of cancer, reduce stigma, and raise awareness, which in turn will save many lives.

## Q&A

### **Dr. Huang: Given this year's theme of “Collaborating for Impact,” how can the cancer research community better collaborate with advocates and survivors?**

Ms. Kithaka: One thing that comes to mind immediately is technical expertise. Research awards are often geared toward the oncology fraternity and toward practitioners in medicine, but not investigators in civil society. I am studying for a master's degree not because I need more education, but because I want to be able to be a principal investigator, and that opportunity will not come to me unless I have a title. Second, let's have more education for advocates. Most often, the survivors who are working in this field are starting with their lived experience but are not equipped with any technical expertise. Let's have trainings that are geared toward this community of practitioners so that we can build a body of knowledge and instill further advocacy into the community. We also need continuity. The way we work is scary: work, work, work, and then stop to look for resources. It brings disjointed action. Lastly is publications. We have done work on the ground that was never documented because we didn't know we needed to. If only that knowledge had been published, we could show how we've been able to continuously innovate and meet the needs of the community.

**Dr. Huang: What are the ways in which trainees, advocates, or researchers might be able to engage with ACHA?**

Ms. Kithaka: I have typed the link for [the ACHA website](#) in the chat. One thing we're very clear about is building stringent mechanisms for vetting so that we are only allowing credible organizations and individuals to join the ACHA network. So, once you send us a message on the website, the vetting team will follow up via email. You can join as a Friend of ACHA, where you are providing technical expertise, be it in research, fundraising, speaking on our panels, or resource mobilization. You can also join as a technical expert, who will help give us a skill set to inform cervical cancer accountability to our governments across Africa. If you scout any opportunities, please reach out. We welcome ideas around anything you feel we can do together. Lastly, include us in your research. We have experts in the field who have been working for very long. They can be the entry point for the community.

**Dr. Huang: What would you like trainees and people beginning their work in cancer research in global settings to think about as they embark on research projects?**

Ms. Kithaka: I would take them back to Rachel Pearline. Rachel immersed herself in the communities she was serving. As opposed to doing research from far away, come work with us for a month. Of course, we won't be able to fund that, so we ask funding organizations to support students so they may have this immersive experience. Secondly, consult the people whose lives you want to change. You must know what is needed in order to find solutions, as opposed to just imagining the hypothesis and working on it from somewhere else. Finally, ask yourself how you can add value to the organizations you're visiting. It's not just about taking; it's about giving back to the community. I think Rachel did that very well.

## Appendix A: Participant Country List

Angola	Greece	Oman
Argentina	Guatemala	Pakistan
Armenia	Haiti	Paraguay
Austria	Honduras	Peru
Bolivia	Hong Kong	Philippines
Botswana	India	Romania
Brazil	Indonesia	Russia
Brunei	Iran	Rwanda
Burkina Faso	Italy	São Tomé and Principe
Cameroon	Japan	Saudi Arabia
Canada	Kenya	Senegal
Chile	Kuwait	Singapore
Colombia	Malawi	South Africa
Côte d'Ivoire	Malaysia	South Korea
Ecuador	Mali	South Sudan
Egypt	Mexico	Sri Lanka
Eswatini	Morocco	Switzerland
Ethiopia	Mozambique	Tanzania
France	Nepal	Trinidad and Tobago
Gambia	Netherlands	Turkey
Ghana	Nigeria	Uganda

## Appendix A: Participant Country List

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Ukraine

United States

Zimbabwe

United Kingdom

Zambia

## Appendix B: Scientific Steering Committee

### American Association for Cancer Research, U.S.

**Frédéric Biemar, PhD**, Director, International Affairs, American Association for Cancer Research, Philadelphia, PA, U.S.

### African Organisation for Research and Training in Cancer (AORTIC), South Africa

**Rose Ihuoma Anorlu MBChB, FMCOG, FRCOG, FWACS, MPH**, Immediate Past President, AORTIC; Professor, Obstetrics and Gynecology, University of Lagos, Lagos, Nigeria

**Belmira Rodrigues**, Managing Director, AORTIC, Cape Town, South Africa

### American Society of Clinical Oncology (ASCO), U.S.

**María Teresa Bourlon, MD, MSc**, Representative, Academic Global Oncology Task Force, ASCO; Assistant Professor, Hematology and Oncology Department, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico

### American Society of Preventive Oncology (ASPO), U.S.

**Rahma Mkuu, PhD, MPH, CPH**, Chair, Global Cancer Research Special Interest Group, ASPO; Assistant Research Scientist, Institute for Child Health Policy, University of Florida, Gainesville, FL, U.S.

### Consortium of Universities for Global Health (CUGH), U.S.

**Keith Martin, MD, PC**, Executive Director, CUGH, Washington, DC, U.S.

**Dalal Najjar Cobb**, Deputy Director, CUGH, Washington, DC, U.S.

### National Cancer Grid of India

**CS Pramesh, MS, FRCS**, Convener, National Cancer Grid of India; Director, Tata Memorial Hospital; Professor, Thoracic Surgery (Surgical Oncology), Tata Memorial Centre, Mumbai, India

**Red de Institutos Nacionales de Cáncer (RINC)/Sociedad Latino Americana y del Caribe De Oncología Médica (SLACOM), Argentina**

**Eduardo Cazap, MD, PhD, FASCO**, Founder and First President, Sociedad Latino Americana y del Caribe De Oncología Médica; Editor-in-Chief, *ecancer*; Co-chair, RINC-SLACOM, Buenos Aires, Argentina

**NCI – Center for Global Health**

**Mishka Kohli Cira, MPH**, Public Health Advisor, Center for Global Health, NCI, Rockville, MD, U.S.

**Kalina Duncan, DrPH, MPH**, Branch Director, Partnerships and Dissemination, Center for Global Health, NCI, Rockville, MD, U.S.

**Linsey Eldridge, MPH**, Public Health Analyst, Center for Global Health, NCI, Rockville, MD, U.S.

**Nina Ghanem, MEd**, Communications Director, Center for Global Health, NCI, Rockville, MD, U.S.

**Lillian Matthews, BA**, Communications Fellow, Center for Global Health, NCI, Rockville, MD, U.S.

**Mark Parascandola, PhD, MPH**, Branch Director, Research and Training, Center for Global Health, NCI, Rockville, MD, U.S.

**Paul Pearlman, PhD**, Program Director, Center for Global Health, NCI, Rockville, MD, U.S.

**Douglas Puricelli Perin, JD, MPH**, Contractor, Leidos Biomedical Research Institute with support to Center for Global Health, NCI, Rockville, MD, U.S.

**Yelena Shnayder, MS**, Public Health Analyst, Center for Global Health, NCI, Rockville, MD, U.S.

**Sudha Sivaram, DrPH, MPH**, Program Director, Center for Global Health, NCI, Rockville, MD, U.S.

# Appendix C: 12th Annual ASGCR Agenda

## Agenda by Day

**Monday, May 6, 2024**

### **Early Career Investigator Day: Training for Impact: Exploring Capacity Development for Clinical Research in LMICs**

**Overview:** Clinical research, which includes clinical trials and observational studies, involves research with human populations that seeks to evaluate the safety and efficacy of interventions to improve cancer outcomes. Training to conduct clinical research is central to advancing cancer control in low- and middle-income countries (LMICs) where locally relevant, feasible and sustainable interventions are needed. Reviews of global clinical trials suggest that clinical trials, including those recruiting patients in LMICs, are often led by high-income countries and do not address LMIC relevant cancers or their cancer control priorities, perpetuating inequities. Therefore, training the next generation of investigators to develop clinical research questions is a critical first step. The Early Career Investigator Day aims to:

- **Aim 1. Discuss gaps and opportunities for conducting clinical research in LMICs.** What are the current inequities and gaps in clinical research; what are the unique opportunities in LMIC-led clinical research in advancing global cancer control?
- **Aim 2. Identify specific areas for training in clinical research.** We will discuss specific skills and education needed to conduct clinical research and highlight global models of academic and nonacademic training for clinical research skills development. We will address training needs from protocol initiation, development, implementation, and evaluation.
- **Aim 3. Highlight clinical research and clinical trials led by mid- and/or early-career investigators in LMICs and discuss barriers and facilitators to their current leadership in clinical research.**

## **Day/Time Session**

**Monday, May 6, Session 2024**

**8:00-9:00 a.m. Networking & Poster Walk**

**Session Description:** Participants will join Gather Town to network with fellow participants, speakers, and organizers, and to view posters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

9:00-9:10 a.m.

**Welcome**

**Sudha Sivaram, DrPH, MPH**, Program Director, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Opening Remarks**

**W. Kimryn Rathmell, MD, PhD**, Director, National Cancer Institute, Bethesda, MD, USA

9:10-10:10 a.m.

**Understanding the Landscape and Opportunities for Clinical Research in LMICs**

**Session Moderator:**

**LeeAnn Bailey, MBBS, PhD**, Center to Reduce Cancer Health Disparities, National Cancer Institute, Rockville, Maryland, USA

Unique Opportunities to Advance Cancer Science by Supporting Clinical Research in LMICs, **Ophira Ginsburg, MD, MSc**, Senior Advisor for Clinical Research, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

Developing Clinical Research Capacity in LMICs: Lessons from CReDO  
**Priya Ranganathan, MD**, Professor of Anesthesiology, Lead Organizer of CReDO Workshop, Tata Memorial Center, Mumbai, India

Collaborations and Capacity Building for Prevention Clinical Trials in LMICs: Observations from the NCI HIV/HPV-Cancer Prevention Clinical Trials Networks, **Vikrant Sahasrabuddhe, MBBS, DrPH, MPH**, Program Director, Division of Cancer Prevention, National Cancer Institute, Rockville, Maryland, USA

**Discussion: Q&A**

10:10-10:50 a.m. **Meet the Abstract Authors: Interactive Poster Session on Gather Town Posters on view, Monday, May 6:** Posters 1-27

**Session Description:** Participants will be directed to Gather Town to view posters and engage with abstract presenters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

10:50-11:55 a.m. **Finding a Mentor, Developing a Protocol, and Conducting Clinical Research in LMICs: Perspectives from Early Career Scientists and their Mentors**

**Interactive Exercise Using Slido: Gathering Perspectives on Training and Patient-Centered Approaches in Global Cancer Clinical Research**

**Moderator:** **Sana Haider, MSc**, Presidential Management Fellow, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Session Description:** Speakers will share insights on how the collaboration came about, what barriers they encountered (in developing the protocol, patient recruitment, regulatory affairs), and how this question is relevant to their population.

**Session Moderator:**

**Yelena Shnayder, MHS**, Public Health Analyst, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Mentor and Early Career Investigator Pairs**

International Collaboration for Research Methods Development in Oncology (CReDO)

Mentor: **Priya Ranganathan, MD**, Professor of Anesthesiology, Lead Organizer of CReDO Workshop, Tata Memorial Center, Mumbai, India

Mentee: **Shama Pandey, MD**, Fellow, National Academy of Medical Sciences, Kathmandu, Nepal

Global Training for Research and Equity in Cancer (GlobTREC) Uganda

Mentor: **Edus H. Warren, MD, PhD**, Program Head, Global Oncology, Professor, Translational Science and Therapeutics Division, Fred Hutchinson Cancer Center, Seattle, Washington, USA

Mentees: **Peter Ziribagwa Sabakaki, PhD Candidate**, Bioinformatics, Makerere University, Kampala, Uganda; **Fredrick Elishama Kakembo, PhD Research Fellow**, Makerere University, Kampala, Uganda

**Discussion:** Q&A

**11:55 a.m.-Noon Conclusion and Wrap-up**

**HyoSook Bae, MD, PhD**, Postdoctoral Fellow, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Tuesday, May 7, Session**

**2024**

**8:00-9:00 a.m. Networking & Poster Walk**

**Session Description:** Participants will join Gather Town to network with fellow participants, speakers, and organizers, and to view posters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

9:00-9:10 a.m. **Welcome**

**Mishka Kohli Cira, MPH**, Public Health Advisor, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Opening Remarks**

**Kalina Duncan, DrPH, MPH**, Director, Partnerships and Dissemination Branch, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

9:10-10:10 a.m. **Scientific Session: Impacting the Cervical Cancer Burden in India: Collective Efforts and Strategies to Train Healthcare Providers on HPV Vaccination and Cervical Cancer Screening**

**Session Chair: Jennifer Nkonga, MS**, Senior Director, Regional Strategy & Implementation, American Cancer Society, Tampa Bay, Florida, USA

**Session Description:** Cervical cancer is the second leading cause of cancer deaths among women in India. More than 77,000 women die each year due to cervical cancer, accounting for 23% of all cervical cancer deaths globally. Without measurable action, the estimated deaths from cervical cancer in low- and middle-income countries will rise by 50% in the next two decades. The Global HPV Cancer Free program of the American Cancer Society (ACS) envisions a world free of HPV cancers, starting with cervical cancer. To increase uptake of cervical cancer prevention services in India, ACS has partnered with civil society organizations (CSOs) to prevent cancer by catalyzing engagement of trusted health care providers through implementation of two programs at the national and district level. A key component is training health care providers at multiple levels to increase knowledge, confidence, beliefs and intent around HPV vaccination and cervical screening. At the national level, the Federation of Obstetric and Gynaecological Societies of India (FOGSI) and the Indian Academy of Pediatrics (IAP), with support from Cancer Foundation of India (CFI) and ACS, are convening and training 20,000+ pediatricians and obstetrician-gynecologists via a train-the-trainer model to collectively advocate for cervical cancer elimination. The training refreshes physicians on HPV vaccination facts and shares evidence-based messaging and communication strategies. At the district level, Cancer Awareness, Prevention, and Early Detection (CAPED), in collaboration with selected districts across three states, is training community health workers (CHWs) and primary health center (PHC) nurses to facilitate and mobilize community uptake of cervical cancer prevention services, starting with screening. A 2022 pilot successfully trained 213 CHWs and 61 nurses covering 73 villages, who mobilized 5,653 women for cervical screenings. In addition to convening partners and co-conceptualizing trainings, ACS provides programmatic and evaluation support, funding and resources.

Health care providers are the most trusted source of health information for the community. A strong recommendation can increase the demand and uptake of cervical cancer prevention services across communities in India. This scientific session will include speakers from partner organizations in India and ACS to represent and showcase their work around cervical cancer prevention.

**Speakers:**

**Priya Ganesh Kumar, MD**, Chairperson, Gynaecologic Oncology Committee, Federation of Obstetric and Gynaecological Societies of India, Thane, India

**Purna Kurkure, MD**, Head of Department, Pediatric Hematology-Oncology & BMT, Indian Academy of Pediatrics, Mumbai, India

**Mridu Gupta, DBA**, CEO, CAPED India, Gurgaon, India

**Sutapa Biswas, PG**, Co-Founder, Cancer Foundation of India, Kolkata, India

**10:10-10:50 a.m. Meet the Abstract Authors: Interactive Poster Session on Gather Town Posters on view, Tuesday, May 7: Posters 28-67**

**Session Description:** Participants will be directed to Gather Town to view posters and engage with abstract presenters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

**10:50-11:50 a.m. Rapid-Fire Abstract Session: Global Cancer Research**

**Session Chair: María Teresa Bourlon, MD, MSc**, Assistant Professor, Hematology and Oncology Department, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico; Representative, Academic Global Oncology Task Force, American Society of Clinical Oncology

**Session Description:** This session will be a series of rapid-fire presentations from the top-scoring accepted scientific abstracts for the 12<sup>th</sup> Annual Symposium on Global Cancer Research. Each presentation will be a 5-minute oral PowerPoint presentation (5 slides) by the lead author providing a high-level overview of the research study.

Transcriptomic Features Associated to Neoadjuvant Chemotherapy Response in Four Molecular Breast Cancer Subtypes, **Hedda Michelle Guevara-Nieto, MSc**, Instituto Nacional de Cancerología, Colombia

Unique Glycosylation Pattern Governs Metastatic Organotropism of Pancreatic Ductal Adenocarcinoma, **Venkatesh Varadharaj, MS**, University of Nebraska Medical Center, Omaha, Nebraska, USA

Deciphering the Nuclear Role of Heme Oxygenase-1 in Prostate Cancer: Transcriptional Reprogramming and Neuroendocrine Differentiation, **Rocio Seniuk, BSc**, IQUIBICEN-CONICET, Argentina

Genomic and Immunophenotypic Characteristics of Conjunctival Squamous Cell Carcinoma in a sub-Saharan African Cohort Suggest a Role for Immune Checkpoint Inhibitors in Locally Advanced or Metastatic Patients, **Bita Esmaeli, MD, MA**, M.D. Anderson Cancer Center, USA; Mekelle University, Ethiopia

Breast Cancer Pharmacogenetics in Botswana, **Keneuoe Cecilia Nthontho, BS**, University of Botswana, Botswana

“If I Have the Courage...I Prefer to See a Doctor”: A Qualitative Exploration of Ethiopian Women’s Hesitancy to Screen for Cervical Cancer Using HPV Self-Sampling, **Nimra Rahman, BA**, City University of New York Graduate School of Public Health and Health Policy, USA

Racial Disparities in Pediatric Patients with Acute Lymphoblastic Leukemia: An NCDB Analysis, **Anjali Mishra, BS**, Creighton University, USA

Patient Financial Well-Being and Access to Cancer Treatment during Wartime, **Taras Ivanykovich, MS-4**, Danylo Halytsky, Lviv National Medical University, Lviv, Ukraine

11:50 a.m.-Noon **Closing Remarks**

**María Teresa Bourlon, MD, MSc**, Assistant Professor, Hematology and Oncology Department, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico; Representative, Academic Global Oncology Task Force, American Society of Clinical Oncology

**Wednesday, Session**  
**May 8, 2024**

**8:00-9:00 a.m. Networking & Poster Walk**

**Session Description:** Participants will join Gather Town to network with fellow participants, speakers, and organizers, and to view posters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

9:00-9:10 a.m. **Welcome**

**Mishka Kohli Cira, MPH**, Public Health Advisor, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Opening Remarks**

**Eduardo L. Cazap, MD, PhD, FASCO**, President & Founder, Latin-American & Caribbean Society of Medical Oncology (SLACOM); Co-Chair RINC-SLACOM; Editor-in-Chief, *ecancer*; Co-Editor, *The Oncologist*, Buenos Aires, Argentina

9:10-

10:10 a.m.

**Rapid-Fire Abstract Session: Global Cancer Control**

**Session Chair: Rahma Mkuu, PhD, MPH, CPH**, Chair, Global Cancer Research Special Interest Group, American Society of Preventive Oncology; Assistant Research Scientist, Institute for Child Health Policy, University of Florida, Gainesville, Florida, USA

**Session Description:** This session will be a series of rapid-fire presentations from the top-scoring accepted scientific abstracts for the 12<sup>th</sup> Annual Symposium on Global Cancer Research. Each presentation will be a 5-minute oral PowerPoint presentation (5 slides) by the lead author providing a high-level overview of the cancer control program.

Examining Vaccine Attitudes: A Comparative Study of Parents of Healthcare Workers and the General Population in Japan, **Hasan Jamil, MD**, Graduate School of Public Health, St. Luke International University, Japan

Piloting a Model for Cervical Cancer Screening through Community Outreach and Government Capacity Building in India, **Shaylen Foley, MPH**, American Cancer Society, USA

From Self-Collected HPV Sampling to Self-Administered Treatment Cervical Pre-Invasive Lesions: A Dream to Reality, **Alia Rahman, BASc**, Acting CEO, Amplex'd Therapeutics, Inc.

Global Landscape of Phase III Interventional Clinical Trials in Colorectal Cancer, **Oluwatayo Adeoye, MD**, St. Elizabeth's Medical Center, USA

Successful Establishment of a National Cancer Control Program (NCCP) and Cancer Registry in Eswatini: Lessons to Inform NCCPs in Low- and Mid-Income Countries, **Xolisile Dlamini, MPH**, Ministry of Health, Eswatini

Health System Strengthening Strategies for Improved Cancer Control in Sub-Saharan Africa: A Case of the International Cancer Institute's Blueprint for Innovative Healthcare Access Program in Western Uganda, **Gloria Kitur, BSc, MA, FHPM**, International Cancer Institute, Kenya

Collaborative Action for Public Health: The Esophageal Cancer Consortium's Approach to Policy Influence and Capturing Policy Makers'

Attention In Ethiopia, **Binyam Tefera Deressa, MD**, Adama Hospital Medical College, Ethiopia

Cancer Data Systems in Africa: A Scoping Review, **Benson Nyambega, PhD, MSc, BSc**, Western Kenya Cancer Care and Research Center, Kenya

**Closing Remarks: Dr. Mkuu**

10:10-  
10:50 a.m. **Meet the Abstract Authors: Interactive Poster Session on Gather Town Posters on view - Wednesday, May 8: Posters 68-106**

**Session Description:** Participants will be directed to Gather Town to view posters and engage with abstract presenters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

10:50-  
11:50 a.m. **Scientific Session: The Impact of Cross-Cultural Collaboration on Clinical Trials Successes in the US-Latin American-Caribbean HIV/HPV-Cancer Prevention Clinical Trials Network (ULACNet)**

**Session Chair: Emma Brofsky, MSPH**, Scientific Program Analyst, National Cancer Institute, Rockville, Maryland, USA

**Session Description:** The US-Latin American-Caribbean HIV/HPV-Cancer Prevention Clinical Trials Network (ULACNet) brings together a variety of collaborators from institutions in the US, Mexico, Puerto Rico, Peru, Brazil, Haiti, and the Dominican Republic. United in the goal of conducting high quality cancer prevention clinical trials for people living with HIV, these collaborations have been cultivated and challenged over the first 4.5 years of this network. There are four open trials focused on optimizing dosing and evaluating new indications for HPV prophylactic vaccines and improving accuracy of cervical and anogenital cancer screening/triage. This session features a panel of Latin American and the Caribbean (LAC) and US based network members working to operationalize these clinical trials. The conversation will dive headfirst into the challenges and lessons learned in creating and maintaining cross-cultural partnerships focused on carrying out clinical trials on HPV-related cancer prevention and screening. From operating in limited resource settings and interacting with vulnerable populations, to confronting language barriers and considering local contexts for recruitment, ULACNet colleagues have worked together to successfully accrue participants in clinical trials and are building a sustainable infrastructure for conducting future trials in the region.

**Speakers**

**Frances Vazquez Sanchez, MSC**, Research Scientist/Study Coordinator, Comprehensive Cancer Center Puerto Rico, San Juan, Puerto Rico

**Betania Allen-Leigh, MA, PhD**, Professor/Investigator, Instituto Nacional de Salud Publica, Mexico City, México

**Caique Mello, MPH**, Program Manager, Weill Cornell Medicine, New York, USA

**Delia Pinto-Santini, PhD**, Research Associate, Fred Hutch Cancer Center, Seattle, Washington, USA

**Giovana Teixeira, MSc**, Subinvestigator, Oswaldo Cruz Foundation - FIOCRUZ, Rio de Janeiro, Brazil

**Jessica Gutiérrez**, Study Coordinator, Via Libre, Lima, Peru

**Vanessa Rouzier, MD**, Research Site Leader, GHESKIO, Port-au-Prince, Haiti

11:50 a.m.- **Closing Remarks**

Noon **Rose Ihuoma Anorlu MBChB, FMCOG, FRCOG, FWACS, MPH**, Immediate Past President, African Organisation for Research and Training in Cancer; Professor, Obstetrics and Gynecology, University of Lagos, Lagos, Nigeria

**Thursday, May 9, 2024**

8:00-9:00 a.m. **Networking & Poster Walk**

**Session Description:** Participants will join Gather Town to network with fellow participants, speakers, and organizers, and to view posters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

9:00-9:10 a.m. **Welcome**

**Mishka Kohli Cira, MPH**, Public Health Advisor, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

**Opening Remarks**

**CS Pramesh, MS, FRCS**, Professor, Tata Memorial Hospital, Mumbai, India

9:10-10:10 a.m. **Scientific Session: Building Cancer Genetics Infrastructure in Resource Limited Settings: Multinational Experiences and Perspectives**

**Session Chair: Gerneiva Parkinson, MD, MHS**, Resident PGY3, Department of Internal Medicine, Warren Alpert Medical School of Brown University, Providence, Rhode Island, USA; Executive Director, Caribbean Alliance to Control and Prevent Cancer, Port of Spain, Trinidad & Tobago

**Session Description:** While the clinical importance of cancer genetics testing is well established, there are severe disparities with respect to access to global cancer genetic testing. This translates to a lack of diversity within the cancer genomics field. Despite a plethora of genetic testing options and improvements in affordability, many low-resource countries continue to face major challenges in implementing hereditary cancer genetic testing. Challenges include limited regional infrastructure, lack of clinical expertise on managing the results, and socio-cultural barriers. Therefore, we propose a session to discuss innovative approaches to address these challenges. We will use the experience of our panelists to display two adaptations of the US standard of care, which have been used in Rwanda and Trinidad & Tobago. Through this session, we hope to demonstrate how access to cancer genetic testing can be increased in resource-limited sessions in a practical and sustainable manner. We hope that our session will allow participants to use the experiences shared from the project models in Rwanda and Trinidad & Tobago, to help create their own international projects surrounding cancer genetic testing. This would include how to establish and foster international collaboration between academic institutions, low-resource clinical settings and cancer genetic testing industry partners. We hope to impart tools that would assist innovative approaches to building a local workforce within low-resource settings to improve access to cancer genetic testing. We also hope to share real-world experiences that would serve as models for integrating clinical cancer genetic testing and research within clinical environments in an optimal way that is beneficial to patients and does not disrupt local provider workflow or work burden.

**Speakers:**

**Temidayo Fadelu, MD, MPH**, Medical Oncologist, Dana-Farber Cancer Institute; Instructor in Medicine, Harvard Medical School, Boston, Massachusetts, USA

**Brittany Bychkovsky, MD, MSc**, Medical Oncologist, Dana-Farber Cancer Institute; Assistant Professor of Medicine, Harvard Medical School, Boston, Massachusetts, USA

**Achille Van Christ Manirakiza, MD**, Medical Oncologist, King Faisal Hospital, Kigali, Rwanda

**Kellie Alleyne-Mike, MD, PG Dip Pal Med, MMed Rad Onc, FC Rad Onc**, Clinical Oncologist and Medical Director, Cancer Center of Trinidad and Tobago, Port of Spain, Trinidad & Tobago

10:10-  
10:50 a.m. **Meet the Abstract Authors: Interactive Poster Session on Gather Town  
Posters on view, Thursday, May 9: Posters #107-146**

**Session Description:** While the clinical importance of cancer genetics testing is well established, there are severe disparities with respect to access to global cancer genetic testing. This translates to a lack of diversity within the cancer genomics field. Despite a plethora of genetic testing options and improvements in affordability, many low-resource countries continue to face major challenges in implementing hereditary cancer genetic testing. Challenges include limited regional infrastructure, lack of clinical expertise on managing the results, and socio-cultural barriers. Therefore, we propose a session to discuss innovative approaches to address these challenges. We will use the experience of our panelists to display two adaptations of the US standard of care, which have been used in Rwanda and Trinidad & Tobago. Through this session, we hope to demonstrate how access to cancer genetic testing can be increased in resource-limited sessions in a practical and sustainable manner. We hope that our session will allow participants to use the experiences shared from the project models in Rwanda and Trinidad & Tobago, to help create their own international projects surrounding cancer genetic testing. This would include how to establish and foster international collaboration between academic institutions, low-resource clinical settings and cancer genetic testing industry partners. We hope to impart tools that would assist innovative approaches to building a local workforce within low-resource settings to improve access to cancer genetic testing. We also hope to share real-world experiences that would serve as models for integrating clinical cancer genetic testing and research within clinical environments in an optimal way that is beneficial to patients and does not disrupt local provider workflow or work burden.

**Speakers:**

**Temidayo Fadelu, MD, MPH**, Medical Oncologist, Dana-Farber Cancer Institute; Instructor in Medicine, Harvard Medical School, Boston, Massachusetts, USA

**Brittany Bychkovsky, MD, MSc**, Medical Oncologist, Dana-Farber Cancer Institute; Assistant Professor of Medicine, Harvard Medical School, Boston, Massachusetts, USA

**Achille Van Christ Manirakiza, MD**, Medical Oncologist, King Faisal Hospital, Kigali, Rwanda

**Kellie Alleyne-Mike, MD, PG Dip Pal Med, MMed Rad Onc, FC Rad Onc**, Clinical Oncologist and Medical Director, Cancer Center of Trinidad and Tobago, Port of Spain, Trinidad & Tobago

10:10-  
10:50 a.m. **Meet the Abstract Authors: Interactive Poster Session on Gather Town  
Posters on view, Thursday, May 9: Posters #107-146**

**Session Description:** Participants will be directed to Gather Town to view posters and engage with abstract presenters in this immersive web-based platform that allows participants to move and interact freely within a virtual space.

10:50-

11:50 a.m.

**Pearline Award Presentation & Keynote Address**

**Session Chair:** **Franklin Huang, MD, PhD**, Associate Professor, Department of Medicine, University of California San Francisco, California, USA

**Pearline Awardee:** **Benda Kithaka**, Founder and Executive Director, KILELE Health, Nairobi, Kenya

**Session Description:** The Rachel Pearline Award honors Rachel Pearline, MD, MPH. Dr. Pearline was a revered oncology fellow committed to global cancer control, who received the award named in her memory in 2016 following her death at the age of 38, in November 2015, from gastric cancer. In honor of Dr. Rachel Pearline, each year the Annual Symposium on Global Cancer Research Steering Committee recognizes one outstanding professional who embodies virtue and eminence in cancer research, practice, and/or training in a low- and middle-income country setting. The 2024 Rachel Pearline Awardee is Benda Kithaka, Founder and Executive Director of KILELE Health, a Kenyan non-profit organization that promotes cancer prevention and control using the power of storytelling to harness lived experiences as tools for advocacy.

11:50 a.m.-

Noon

**Closing Remarks**

**Satish Gopal, MD, MPH**, Director, Center for Global Health, National Cancer Institute, Rockville, Maryland, USA

# Appendix D: Scientific Reviewers

## Scientific Abstract Reviewers

- Thierry Alcindor, Dana-Farber Cancer Institute, U.S.
- Rose Ihuoma Anorlu, AORTIC, Nigeria
- HyoSook Bae, NCI, U.S.
- Suyapa Bejarano, Liga Contra el Cancer, Honduras
- Sarah Bernal, NCI, U.S.
- Daniel Campos, SLACOM, Argentina
- Philip Castle, NCI, U.S.
- David Chambers, NCI, U.S.
- Ann Chao, NCI, U.S.
- Margarita Correa-Mendez, NCI, U.S.
- Matchecane Cossa, Maputo Central Hospital, Mozambique
- Miliard Derbew, Addis Ababa University College of Health Sciences, Ethiopia
- Ernesto Gil Deza, Instituto Oncológico Henry Moore, Argentina
- Linsey Eldridge, NCI, U.S.
- Sandy Eldridge, NCI, U.S.
- Silvina Frech, NCI, U.S.
- Annette Galassi, NCI, U.S.
- Elise Garton, NCI, U.S.
- Patti Gravitt, NCI, U.S.
- Rachel Hanisch, NCI, U.S.
- Leshia Hansen, NCI, U.S.
- Dalana Johnson, NCI, U.S.
- Madhura Kulkarni, Indian Institute of Science Education and Research, India
- Sarbani Ghosh Laskar, Tata Memorial Centre, India
- Deborah Mukherji, Clemenceau Medical Center Hospital Dubai, UAE
- Raul Murillo, Centro Javeriano de Oncología, Colombia
- Matthew Painschab, University of North Carolina, U.S.
- Douglas Puricelli Perin, Leidos Biomedical Research/NCI, U.S.
- Anant Ramaswamy, Tata Memorial Centre, India
- Priya Ranganathan, Tata Memorial Centre, India

- Sandra San Miguel, NCI, U.S.
- Manju Sengar, Tata Memorial Centre, India
- Angela Zambrano, Fundación Valle del Lili, Colombia

## Scientific Session Reviewers

- Rose Ihuoma Anorlu, AORTIC/University of Lagos, Nigeria
- Frédéric Biemar, American Association for Cancer Research, U.S.
- María Teresa Bourlon, ASCO/Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico
- Eduardo Cazap, RINC-SLACOM, Argentina
- Mishka Kohli Cira, NCI, U.S.
- Kalina Duncan, NCI, U.S.
- Nina Ghanem, NCI, U.S.
- Rahma Mkuu, ASPO/University of Florida, U.S.
- Mark Parascandola, NCI, U.S.
- Paul Pearlman, NCI, U.S.
- Yelena Shnayder, NCI, U.S.
- Sudha Sivaram, NCI, U.S.

## Pearline Award Nomination Reviewers

- Frédéric Biemar, American Association for Cancer Research, U.S.
- María Teresa Bourlon, ASCO/Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico
- Eduardo Cazap, RINC-SLACOM, Argentina
- Rahma Mkuu, ASPO/University of Florida, U.S.
- Douglas Puricelli Perin, Leidos Biomedical Research/NCI, U.S.
- CS Pramesh, National Cancer Grid of India/Tata Memorial Hospital, India

# Appendix E: Scientific Abstracts from Poster Sessions

## Room 1: Posters #1–27

### **Poster 1**

Title: Impact of Nutrition Screening for Pediatric Oncology Patients at Bugando Medical Centre, Mwanza Tanzania  
Presenting Author: Jacqueline Kamanga, Bugando Medical Centre  
Institution Country: Tanzania

### **Poster 2**

Title: Mobile Health Technology for Personalized Tobacco Cessation Support among Cancer Survivors and Caregivers in Laos: A Pilot Trial  
Presenting Author: Shweta Kulkarni, University of Oklahoma Health Sciences Center  
Institution Country: United States

### **Poster 3**

Title: Adaptation of a Phone-Based Smoking Cessation Intervention in the Context of Lebanon's Primary Healthcare System: A Qualitative Study  
Presenting Author: Jennifer LeLaurin, University of Florida  
Institution Country: United States

### **Poster 4**

Title: Management and Outcomes of Low-Grade Lymphomas in a Prospective Lymphoma Cohort in Malawi  
Presenting Author: Tarsizio Chikaonda, UNC Project  
Institution Country: Malawi

### **Poster 5**

Title: Effectiveness of an Intervention Based on Pain Neuroscience Education Compared to Conventional Treatment in Adults with Cancer Pain. Clinical Trial Protocol  
Presenting Author: Leidy Tatiana Ordoñez-Mora, Universidad Santiago de Cali  
Institution Country: Colombia

### **Poster 6**

Title: Effectiveness of an Educational Intervention to Improve Safe Handling of Chemotherapeutic Drugs among Healthcare Workers in Vietnam

Presenting Author: Cham Nguyen, University of California, San Francisco Health  
Institution Country: United States

**Poster 7**

Title: Travel Time to Cancer Care Is Associated with Inferior Survival for Lymphoma Patients in Malawi

Presenting Author: Meagan Harrington, UNC Project-Malawi  
Institution Country: Malawi

**Poster 8**

Title: The Impact of Honey on Chemotherapy and Radiation-Induced Oral Mucositis

Presenting Author: Kevin Chu, NP Student

Institution Country: United States

**Poster 9**

Title: Efficacy Review of Flavonoid-Rich Nutraceuticals in Cancer Prevention and Treatment

Presenting Author: Metta Devi, Monash University Malaysia

Institution Country: Malaysia

**Poster 10**

Title: An Overview of the Project ECHO - Cervical Cancer Prevention in Mozambique

Presenting Author: Mila P. Salcedo, The University of Texas MD Anderson Cancer Center

Institution Country: United States

**Poster 11**

Title: A Novel Mechanism Promotes Actin Patch Formation to Prevent Chromatin Bridge Breakage in Cytokinesis

Presenting Author: Sofia Balafouti, Department of Biology, University of Crete

Institution Country: Greece

**Poster 12**

Title: A Novel Mechanism That Promotes Mitotic Spindle Formation in Cancer Cells

Presenting Author: Nikos Boutakoglou, Department of Biology, University of Crete

Institution Country: Greece

**Poster 13**

Title: Implementation of Self-Sampling-Based Human Papillomavirus Screening in HIV-Infected Women in Mali

Presenting Author: Mamoudou Maiga, University of Sciences, Techniques and Technologies of Bamako

Institution Country: Mali

**Poster 14**

Title: HPV Typing in Women Undergoing Cervical Cancer Screening: Insights from the General Population in Bamako, Mali

Presenting Author: Brehima Diakite, University of Sciences, Techniques and Technologies of Bamako

Institution Country: Mali

**Poster 15**

Title: Navigating the Hematology–Oncology Fellowship Journey: Website Analysis and Insights

Presenting Author: Vaidarshi Abbagni, St. Vincent's Medical Center

Institution Country: United States

**Poster 16**

Title: Promotion of Cervical Cancer Preventive Knowledge through Interactive Education in Northwest Nigeria

Presenting Author: Mfuh Anita Yafeh, Memorial Sloan Kettering Cancer Center

Institution Country: United States

**Poster 17**

Title: Utility of Colposcopy for the Screening and Management of Cervical Cancer in Africa: A Cross-Sectional Analysis of Providers' Training and Practices

Presenting Author: Joel Fokom Domgue, The University of Texas MD Anderson Cancer Center

Institution Country: United States

**Poster 18**

Title: A Feasibility Study of a Behavioral Intervention to Increase Uptake of Human Papillomavirus (HPV) Vaccination in Envigado, Colombia

Presenting Author: Veronica Cordoba Sanchez, Universidad de San Buenaventura

Institution Country: Colombia

**Poster 19**

Title: Building a Laparoscopic Urology Cancer Program in an Academic Tertiary Hospital in Southern Nigeria

Presenting Author: Nkemdilim Ifeyinwa Oyetola Okonji, University of Benin Teaching Hospital

Institution Country: Nigeria

**Poster 20**

Title: Implementation of a Novel Analytical Strategy for Profiling Altered Genes in Adjacent Tissue to Prostate Cancer: Unveiling Pathways and Clinical Implications

Presenting Author: César Payán-Gómez, Universidad Nacional de Colombia

Institution Country: Colombia

**Poster 21**

Title: Training Non-Oncologist Healthcare Providers to Manage Oral Endocrine Therapy for Breast Cancer

Presenting Author: Aimable Ndayishimiye, Partners in Health

Institution Country: Rwanda

**Poster 22**

Title: International Patients' Paths to Chimeric Antigen Receptor T-Cell Therapy for B-ALL: No Two Journeys Are Alike

Presenting Author: Abdulhafiz Zakeh, Pediatric Oncology Branch, NCI, National Institutes of Health

Institution Country: United States

**Poster 23**

Title: Emerging Evidence on Induction Chemotherapy and Implications for Care of Cervical Cancer Patients in Low Resource Settings

Presenting Author: Ishak Lawal, End Cervical Cancer Nigeria Initiative (ECCNI)

Institution Country: Nigeria

**Poster 24**

Title: Optimizing HPV Vaccination Strategies in Multicultural and Diverse Settings: Targeting Sub-Groups for Enhanced Coverage in Nigeria

Presenting Author: Amina Adulkarim, Solina Centre for International Development and Research

Institution Country: Nigeria

**Poster 25**

Title: Mortality Rate of Oncological Patients Undergoing Pancreaticoduodenectomy Procedure in Brazil from 2021 to 2023: A Cross-Sectional Study

Presenting Author: Pedro Henrique Filipin Von Muhlen, Federal University of Health Sciences of Porto Alegre - UFCSPA

Institution Country: Brazil

**Poster 26**

Title: Vaginal Stenosis in Patients Treated with Radiotherapy for Cancer of the Cervix in Uganda

Presenting Author: Annet Nakaganda, Uganda Cancer Institute

Institution Country: Uganda

**Poster 27**

Title: Exploring the Therapeutic Role of CO-RMS: A Novel Perspective on Prostate Cancer Development

Presenting Author: Gastón Pascual, 1) CONICET - Universidad de Buenos Aires, Instituto de Química Biológica Ciencias Exactas y Naturales (IQUIBICEN), Buenos Aires, Argentina;

2) Universidad de Buenos Aires, Facultad de Ciencias Exactas y Naturales, Departamento de Química Biológica, Laboratorio de Inflamación y Cáncer, Buenos Aires, Argentina  
Institution Country: Argentina

## Room 2: Posters #28–67

### **Poster 28**

Title: Feasibility of Monitoring Global Breast Cancer Initiative Framework Key Performance Indicators in 21 Asian Countries

Presenting Author: Sok King Ong, Universiti Brunei Darussalam  
Institution Country: Brunei Darussalam

### **Poster 29**

Title: Knowledge, Perception, and Intended Healthcare-Seeking Behaviour for Ovarian Cancer among Female Undergraduate Students of the University of Ibadan, Nigeria

Presenting Author: Imole Yemitan, University of Ibadan, Ibadan  
Institution Country: Nigeria

### **Poster 30**

Title: Comparison of Gene Expression Differences in Gastrointestinal Cancer Between Developing and Developed Countries

Presenting Author: Andrew Zheng, Washington Institute for Health Sciences  
Institution Country: United States

### **Poster 31**

Title: Factors Associated with Adherence to Post-Surgery Annual Surveillance Mammogram and Follow-Up among Breast Cancer Survivors in a Tertiary Care Hospital in Malaysia

Presenting Author: Jia Yng Siaw, University Malaya Medical Centre  
Institution Country: Malaysia

### **Poster 32**

Title: Blocking TCA Cycle Enhances T Cell Antitumor Response by Inhibiting the Thrombospondin 2 Signaling Pathway Associated with Endoplasmic Reticulum Stress

Presenting Author: Yong Teng, Emory University

Institution Country: United States

### **Poster 33**

Title: Surgical Demand and Migratory Patterns: A 10-Year Forecast for Hepatectomy in Oncology in the Northern Region of Brazil

Presenting Author: Laynara Vitória Da Silva Vieira, Universidade Federal do Piauí  
Institution Country: Brazil

**Poster 34**

Title: A Collaborative Partnership between the Palliative Care Association of Uganda and the Uganda Cancer Institute to Strengthen Cancer Control, Survivorship, and Outcomes through Research

Presenting Author: Lisa Christine Irumba, Palliative Care Association of Uganda

Institution Country: Uganda

**Poster 35**

Title: An Overview of the U.S. NCI's (NCI) 2023 International Research Portfolio

Presenting Author: Tosca Le, Frederick National Laboratory for Cancer Research; NCI Center for Global Health

Institution Country: United States

**Poster 36**

Title: Microstructural Alterations of White Matter Associated with Colorectal Cancer-Related Cognitive Impairment

Presenting Author: John Quan Nguyen, Carle Foundation Hospital

Institution Country: United States

**Poster 37**

Title: Dietary Patterns and Risk of Breast Cancer in Africa: A Systematic Review

Presenting Author: Anita Dabar, Lead City University

Institution Country: Nigeria

**Poster 38**

Title: Future Fertility Among Pediatric Cancer Patients: Experiences and Perspectives of Health Workers in a Low Resource Setting

Presenting Author: Anthony Kayiira, Department of Reproductive Endocrinology and Infertility, Mulago Specialised Women and Neonatal Hospital

Institution Country: Uganda

**Poster 39**

Title: Development of miRNA-Based Therapeutics for Liver Cancer Using Bioinformatics Approaches

Presenting Author: Manisha Pritam, National Institute of Allergy and Infectious Diseases

Institution Country: United States

**Poster 40**

Title: Factors Driving NCI-Designated Cancer Center Engagement in Global Oncology

Presenting Author: Elise Garton, NCI Center for Global Health

Institution Country: United States

**Poster 41**

Title: The Economic Impact of Cervical Cancer on Women and Families in Uganda

Presenting Author: Hallie Dau, The University of British Columbia

Institution Country: Canada

**Poster 42**

Title: Epidemiology of Lymphomas in Latin America

Presenting Author: Luis Malpica Castillo, The University of Texas MD Anderson Cancer Center

Institution Country: United States

**Poster 43**

Title: A Mechanism for Chromatin Bridge Sensing by the Ablission Checkpoint in Human Cells

Presenting Author: Eleni Petsalaki, University of Crete

Institution Country: Greece

**Poster 44**

Title: A Case-Case Comparison of Molecular Subtype for Breast Cancer, Younger and Older Age at Diagnosis, in Puerto Rico, 2010-2019

Presenting Author: Eugenia Torres Velazquez, Department of Biostatistics and Epidemiology, Graduate School of Public Health, Medical Sciences Campus, University of Puerto Rico

Institution Country: United States

**Poster 45**

Title: Assessment of Cervical and Breast Cancer Services at the Four Public Oncology Centers in Botswana

Presenting Author: Tara Friebel-Klingner, Rutgers Global Health Institute, Rutgers University

Institution Country: United States

**Poster 46**

Title: Saliva IL6 Upregulation as a Potential Indicator of Tobacco-Smoke Associated OSCC and Disease Progression and the Association of Saliva RELA(p65) Upregulation with OSCC Local Invasion in Non-Smokers

Presenting Author: Dimitra Vageli, Yale School of Medicine

Institution Country: United States

**Poster 47**

Title: Association of Glycogen Synthase Kinase 3A (GSK3A) Gene and Prognosis in Breast Cancer Patients: Exploring GSK3 $\alpha$  Ligands Using Molecular Docking

Presenting Author: Jasmeet Kaur, Postgraduate Institute of Medical Education and Research

Institution Country: India

**Poster 48**

Title: "Screening Will Always Be Essential." Providers and Staff Discuss the Implementation of Anal Cancer Screening for Persons Living with HIV in Mexico City

Presenting Author: Sean P. McClellan, University of Illinois Chicago

Institution Country: United States

**Poster 49**

Title: Awkwardness as a Social Anxiety: Perceived Barriers to Gynecologic Screening among Black Women

Presenting Author: Nadia Sesay, University of Kentucky

Institution Country: United States

**Poster 50**

Title: Exploring pVHL Regulation of a5 integrin by the Endocytic Pathway in Relation to Kidney Cancers Resulting from VHL Disease

Presenting Author: Chandni Dave, Adelphi University

Institution Country: United States

**Poster 51**

Title: Biocompatibility of a Novel Prebiotic Vaginal Gel for Treating the Underlying Conditions of Vaginal Dysbiosis and Inflammation that Facilitate Cervical Cancer Formation and Progression

Presenting Author: Joanna Ellington, Glyciome, LLC

Institution Country: United States

**Poster 52**

Title: Attributable Burden of Breast Cancer in a Middle-Income Asian Country: Understanding the Impact of Known Risk Factors

Presenting Author: Boon Hong Ang, Cancer Research Malaysia

Institution Country: Malaysia

**Poster 53**

Title: Health-Related Quality of Life of Prostate Cancer Patients: Assessment Using the Short Form 12 Health Survey and Patient-Oriented Prostate Utility Scale

Presenting Author: Musliu Adetola Tolani, Ahmadu Bello University/Ahmadu Bello University Teaching Hospital, Zaria

Institution Country: Nigeria

**Poster 54**

Title: Prevalence of Tobacco Use and Oral Malignant Pre-Cancerous Lesions among Auto Rickshaw Drivers in Chennai City, Tamil Nadu, India

Presenting Author: Delfin Lovelina Francis, Saveetha Dental College and Hospital, SIMATS, Chennai, India

Institution Country: India

**Poster 55**

Title: Prevalence of Hospitalizations for Malignant Brain Neoplasms in Adults in the Last 5 Years in the Brazilian Territory

Presenting Author: Ana Castelo, Universidade Federal Ciências da Saúde de Porto Alegre - UFCSPA

Institution Country: Brazil

**Poster 56**

Title: Patient-Centricity Meter: A Scoping Review of Measures of Patient-Centricity in Cancer Care in Low- and Middle-Income Countries

Presenting Author: Anna Cabanes, Global Focus on Cancer

Institution Country: United States

**Poster 57**

Title: Investigating the Healthcare-Seeking Behaviors of Mobile Phone Users to Improve Cervical Cancer Screening in Rural Uganda

Presenting Author: Nelly Mwandacha, Simon Fraser University

Institution Country: Canada

**Poster 58**

Title: Possible Mediation of the Association between Education Attainment and Breast Cancer in a Hispanic Female Population Experiencing Historical Changes in Social Determinants of Health

Presenting Author: Rosa Virgen Rosario-Rosado, University of Puerto Rico

Institution Country: United States

**Poster 59**

Title: Leveraging Implementation Science to Optimize Strategies for Cancer Control in Mexico and Latin America

Presenting Author: Maria Fernandez, UTHealth Houston Institute for Implementation Science

Institution Country: United States

**Poster 60**

Title: Evaluating Group vs. Individual Recruitment Strategies to Improve HPV-Self Collection Amongst Women in Kilimanjaro, Tanzania – “Dada” Study  
Presenting Author: Melinda Chelva, Department of Medicine, Queen's University  
Institution Country: Canada

**Poster 61**

Title: canSERV—Providing Cutting Edge Cancer Research Services across Europe  
Presenting Author: Enzo Medico, Università degli Studi di Torino, Italy  
Institution Country: Austria

**Poster 62**

Title: Prognostic Value of Routine Blood Markers in Patients with Head and Neck Squamous Cell Carcinoma  
Presenting Author: David Baek, Department of Medical Oncology, Sidney Kimmel Cancer Center  
Institution Country: United States

**Poster 63**

Title: Cancer Burden in Rwanda: 5 Years Diagnostic Experience at University of Teaching Hospital of Butare, Rwanda  
Presenting Author: Samreen Fathima, Loyola University Medical Center  
Institution Country: United States

**Poster 64**

Title: Identifying Research Impacts within a Global Cancer Survivorship Grants Portfolio  
Presenting Author: Rachel Abudu, London School of Hygiene and Tropical Medicine  
Institution Country: United Kingdom

**Poster 65**

Title: Association between Hepatic Malignant Tumors and Partial Oncological Hepatectomy in Brazil: A Time Analysis from 2021 to 2023  
Presenting Author: Gabriele Eckerdt Lech, Pontifical Catholic University of Rio Grande do Sul  
Institution Country: Brazil

**Poster 66**

Title: Two Novel Precursors of HIV-1 Proteases Inhibitors as a Novel Anticancer Therapy: Real Time Metabolic Profile Analysis of Leukemia and Myeloma Cell Lines  
Presenting Author: Marisabel Mecca, IRCCS-CROB, Rionero in Vulture  
Institution Country: Italy

**Poster 67**

Title: Highlighting Interventions of Priority for Cervical Cancer Elimination in Nigeria

Presenting Author: Qudus Lawal, End Cervical Cancer Nigeria Initiative

Institution Country: Nigeria

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**Poster 68**

Title: Women Representation on Editorial Boards in Low- and Middle-Income Countries

Journals: Promoting Equity and Collaboration in Oncology

Presenting Author: Laynara Vitória Da Silva Vieira, Universidade Federal do Piauí

Institution Country: Brazil

**Poster 69**

Title: Evaluation of Urban Versus Rural Epidemiology of Hepatocellular Carcinoma in Africa

Presenting Author: Erica Loon, University of Minnesota, Department of Medicine

Institution Country: United States

**Poster 70**

Title: Discovering Novel and Unique Saliva and Serum Mirna and Mrna Signatures for Oral Cancer Detection Using Whole Transcriptome and Small Non-Coding RNA Sequencing:

Prediction of Their Association with the PI3K/AKT Pathway

Presenting Author: Dimitra Vageli, Yale School of Medicine

Institution Country: United States

**Poster 71**

Title: Nek2A Prevents Centrosome Clustering and Induces Cell Death in Cancer Cells via KIF2C Interaction

Presenting Author: Batuhan Kalkan, Koç University Research Center for Translational Medicine

Institution Country: Turkey

**Poster 72**

Title: Epidemiological Analysis of Deaths for Malignant Bladder Neoplasia in Adults in the Last 4 Years in Brazilian Territory

Presenting Author: Pedro Henrique Paesi Dutra, Universidade Federal Ciências da Saúde de Porto Alegre

Institution Country: Brazil

**Poster 73**

Title: Patient-Reported Outcomes Improve following Mastectomy for Early-Stage Breast Cancer in Nigeria: Pilot Experience Using a Translated and Validated BREAST-Q

Presenting Author: Anya Romanoff, Icahn School of Medicine at Mount Sinai

Institution Country: United States

**Poster 74**

Title: Exploring Regional Disparities: Access to Non-Surgical Liver Neoplasm Treatments in Brazil  
Presenting Author: Beatriz da Silva Meneses, Universidad María Auxiliadora  
Institution Country: Paraguay

**Poster 75**

Title: Knowledge, Attitudes, and Perceptions of Traditional Healers on Cancer: A Pilot Survey  
Presenting Author: Michelle Madzudzo, Talk Cancer Zim  
Institution Country: Zimbabwe

**Poster 76**

Title: Factors Associated with Laser Treatment of Primary Site in 201 Cases of Melanoma  
Presenting Author: Jared Kennard, Creighton University School of Medicine  
Institution Country: United States

**Poster 77**

Title: Sources of Diagnostic Delay for HIV-Associated Lymphoma in a Fine Needle Aspiration Clinic in Soweto, South Africa  
Presenting Author: Arshia Arora, Johns Hopkins Hospital  
Institution Country: United States

**Poster 78**

Title: Mechanobiological Markers for Theragnostics in Breast Cancer  
Presenting Author: Ksenia Maksimova, Moscow Institute of Physics and Technology  
Institution Country: Russia

**Poster 79**

Title: Factors Affecting Breast Cancer Screening in Ukraine  
Presenting Author: Anna Karavská, Global Medical Knowledge Alliance  
Institution Country: United States

**Poster 80**

Title: Two Novel Precursors of HIV-1 Proteases Inhibitors as a Novel Anticancer Treatment on Multiple Myeloma and Chronic Lymphocytic Leukemia Cell Lines  
Presenting Author: Marisabel Mecca, IRCCS-CROB, Rionero in Vulture  
Institution Country: Italy

**Poster 81**

Title: Proton Therapy for Pediatric Intracranial Ependymoma: A Systematic Review, Meta-Analysis and Meta-Regression  
Presenting Author: Amanda Cyntia Lima Fonseca Rodrigues, University of North Carolina at Chapel Hill  
Institution Country: United States

**Poster 82**

Title: Regional Patterns of Invasive Interventions for Unresectable Liver Cancer:

Perspectives of Elective and Urgent Care in Brazil

Presenting Author: Luiza Carvalho, State University of Rio de Janeiro (UERJ)

Institution Country: Brazil

**Poster 83**

Title: Smoking Rates, Attitudes towards Second-Hand Smoking, and Lung Cancer

Awareness Among Medical and Dental Students in India

Presenting Author: Delfin Lovelina Francis, Saveetha Dental College and Hospital, SIMATS, Chennai, India

Institution Country: India

**Poster 84**

Title: Incidence of Brain Tumors and Its Radiotherapy Treatment Adherence: A Retrospective Cohort Study

Presenting Author: Angel Alfonso Velarde López, Liga Nacional Contra el Cáncer e Inca

Institution Country: Guatemala

**Poster 85**

Title: The Impact of Hippo-YAP Signaling in Obesity and Triple Negative Breast Cancer

Presenting Author: Krisha Dave, Department of Pharmacology and Chemical Biology, Emory University

Institution Country: United States

**Poster 86**

Title: Social Support as a Predictor of Opioid Misuse Risk in Cancer Patients

Presenting Author: Jonathan Zhu, University of Pennsylvania

Institution Country: United States

**Poster 87**

Title: Geographical Mapping of Biological and Environmental Risk Factors of Colorectal Cancer in the United States

Presenting Author: Nipuni Palliyaguru, HealthSurveil

Institution Country: United States

**Poster 88**

Title: Factors Affecting Cancer Diagnosis and Treatment Delays in Ukraine

Presenting Author: Anastasiia Liakh, Danylo Halytsky Lviv National Medical University

Institution Country: Ukraine

**Poster 89**

Title: Factors Affecting Breast Cancer Screening in Ukraine

Presenting Author: Anna Karavská, Danylo Halytsky Lviv National Medical University, Lviv

Institution Country: Ukraine

**Poster 90**

Title: Primary Site and Race on Survival Patterns in Esophageal Cancer: An NCDB Study

Presenting Author: Hunter Litz, Creighton University School of Medicine

Institution Country: United States

**Poster 91**

Title: Effect of Hospital Teaching Status on Mortality and In-Hospital Outcomes in Patients Hospitalized with Acute Leukemia: A National Study

Presenting Author: Lacey Miller, A.T. Still University School of Osteopathic Medicine in Arizona

Institution Country: United States

**Poster 92**

Title: Multidisciplinary Cancer Treatment Capacity in Ukraine During the War

Presenting Author: Maksym Horiachok, Bukovinian State Medical University, Chernivtsi

Institution Country: Ukraine

**Poster 93**

Title: Disparities in Native American Patients with Hepatocellular Carcinoma: A National Cancer Database Analysis

Presenting Author: Mohammed Al Kurnas, Creighton University School of Medicine

Institution Country: United States

**Poster 94**

Title: Characterizing Baseline Prevalence and Causes of Complications of Tracheostomy and Gastrostomy Tubes among Cancer Patients at Muhimbili National Hospital in Tanzania

Presenting Author: Leyda Marrero Morales, University of California San Francisco

Institution Country: United States

**Poster 95**

Title: The Role of Racial Disparities in Gene Expression Profiling for the Prediction of Therapeutic Response in Patients with Breast Cancer

Presenting Author: Angela Ani, Basic and Translational Cancer Research Group, Department of Pharmacology and Therapeutics, College of Medicine, University of Nigeria Nsukka, Enugu Campus

Institution Country: Nigeria

**Poster 96**

Title: Laryngeal Cancer: Diagnosis and Time to Treatment in the Brazilian Public Health System: A Comparative Study of the Past 5 Years

Presenting Author: Yasmin Ricarte Hass Lopes, Universidade Federal de Ciências da Saúde de Porto Alegre

Institution Country: Brazil

**Poster 97**

Title: Stakeholders in Cancer Surveillance: Addressing Gaps in Data Sources

Presenting Author: Babongile Ndlovu, National Health Laboratory Service, National Cancer Registry

Institution Country: South Africa

**Poster 98**

Title: Exploring the Lived Experiences of Colorectal Cancer Patients with Diagnosis and Treatment in Egypt: A Qualitative Interview Study

Presenting Author: Hamza Mahmoud, Alexandria Faculty of Medicine

Institution Country: Egypt

**Poster 99**

Title: Collaboration with Global Communities for Outreach into US Immigrant Communities for Liver Cancer Control to Breakdown Languages Barriers

Presenting Author: Tingting Zhang, Hear2Care

Institution Country: United States

**Poster 100**

Title: Cancer Care Gap: Examining Cancer Mortality-Incidence Rate Ratio in Sub-Saharan Africa

Presenting Author: Qudus Olajide Lawal, Irrua Specialist Teaching Hospital, Irrua

Institution Country: Nigeria

**Poster 101**

Title: Metabolic Reprogramming and Extracranial Solid Tumor Evolution in Infants

Presenting Author: Poorvi Subramanian, Oklahoma State University

Institution Country: United States

**Poster 102**

Title: Novel, Plastic-Free Vaginal Applicator for Reduction of Environmental and Systemic Plastic Chemical Exposures that Associate with Cancers

Presenting Author: Clifton Dennis, GLYCIOME, LLC

Institution Country: United States

**Poster 103**

Title: Human Papillomavirus Genotype Distribution in Ethiopia: A Systematic Review

Presenting Author: Awoke Derbie Habteyohannes, Bahir Dar University

Institution Country: Ethiopia

**Poster 104**

Title: Distribution and Types of High-Risk Human Papillomavirus Genotypes and

Associated Cervical Neoplastic Lesions in Women Living with HIV Infection in Jos, Nigeria

Presenting Author: Francis Magaji, University of Jos

Institution Country: Nigeria

**Poster 105**

Title: Stakeholders' Experiences, Knowledge and Perspectives Regarding Care Quality for Breast Cancer in South-West Nigeria

Presenting Author: Adewumi Alabi, Department of Radiation Biology, Radiodiagnosis, and Radiotherapy, College of Medicine, University of Lagos

Institution Country: Nigeria

**Poster 106**

Title: Coping with Costs: Analyzing GoFundMe Financial Aid Requests from Brain Tumor Patients in Ontario

Presenting Author: Kaviya Devaraja, University of Toronto

Institution Country: Canada

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**Poster 107**

Title: Transcriptomic Features Associated to Neoadjuvant Chemotherapy Response in Four Molecular Breast Cancer Subtypes

Presenting Author: Hedda Michelle Guevara-Nieto, Instituto Nacional de Cancerología

Institution Country: Colombia

**Poster 108**

Title: Unique Glycosylation Pattern Governs Metastatic Organotropism of Pancreatic Ductal Adenocarcinoma

Presenting Author: Venkatesh Varadharaj, University of Nebraska Medical Center

Institution Country: United States

**Poster 109**

Title: Deciphering the Nuclear Role of Heme Oxygenase-1 in Prostate Cancer: Transcriptional Reprogramming and Neuroendocrine Differentiation

Presenting Author: Rocio Seniuk, IQUIBICEN-CONICET

Institution Country: Argentina

**Poster 110**

Title: Genomic and Immunophenotypic Characteristics of Conjunctival Squamous Cell Carcinoma in a Sub-Saharan African Cohort Suggest a Role for Immune Checkpoint Inhibitors in Locally Advanced or Metastatic Patients

Presenting Author: Bita Esmaeli, The University of Texas MD Anderson Cancer Center;

Mekelle University

Institution Country: United States; Ethiopia

**Poster 111**

Title: Breast Cancer Pharmacogenetics in Botswana

Presenting Author: Keneuoe Cecilia Nthontho, University of Botswana

Institution Country: Botswana

**Poster 112**

Title: "If I Have the Courage...I Prefer to See a Doctor": A Qualitative Exploration of Ethiopian Women's Hesitancy to Screen for Cervical Cancer Using HPV Self-Sampling  
Presenting Author: Nimra Rahman, City University of New York Graduate School of Public Health and Health Policy

Institution Country: United States

**Poster 113**

Title: Racial Disparities in Pediatric Patients with Acute Lymphoblastic Leukemia: An NCDB Analysis

Presenting Author: Anjali Mishra, Creighton University

Institution Country: United States

**Poster 114**

Title: Patient Financial Well-Being and Access to Cancer Treatment During Wartime

Presenting Author: Taras Ivanykovych, Danylo Halytsky Lviv National Medical University, Lviv

Institution Country: Ukraine

**Poster 115**

Title: Examining Vaccine Attitudes: A Comparative Study of Parents of Healthcare Workers and the General Population in Japan

Presenting Author: Hasan Jamil, Graduate School of Public Health, St. Luke International University

Institution Country: Japan

**Poster 116**

Title: Piloting a Model for Cervical Cancer Screening through Community Outreach and Government Capacity Building in India

Presenting Author: Mathangi Ramakrishnan, Cancer Awareness Prevention and Early Detection Trust, India

Institution Country: United States

**Poster 117**

Title: From Self-Collected HPV Sampling to Self-Administered Treatment Cervical Pre-Invasive Lesions: A Dream to Reality

Presenting Author: Alia Rahman, End Cervical Cancer Nigeria Initiative (ECCNI)

Institution Country: Nigeria

**Poster 118**

Title: Global Landscape of Phase III Interventional Clinical Trials in Colorectal Cancer

Presenting Author: Oluwatayo Adeoye, St. Elizabeth's Medical Center

Institution Country: United States

**Poster 119**

Title: Successful Establishment of a National Cancer Control Program (NCCP) and Cancer Registry in Eswatini: Lessons to Inform NCCPs in Low- and Middle-Income Countries

Presenting Author: Xolisile Dlamini, Ministry of Health

Institution Country: Eswatini

**Poster 120**

Title: Health System Strengthening Strategies for Improved Cancer Control in Sub-Saharan Africa: A Case of the International Cancer Institute's Blueprint for Innovative Healthcare Access Program in Western Uganda

Presenting Author: Gloria Kitur, International Cancer Institute

Institution Country: Kenya

**Poster 121**

Title: Collaborative Action for Public Health: The Esophageal Cancer Consortium's Approach to Policy Influence and Capturing Policy Makers' Attention in Ethiopia

Presenting Author: Biniyam Tefera Deressa, Adama Hospital Medical College

Institution Country: Ethiopia

**Poster 122**

Title: Cancer Data Systems in Africa: A Scoping Review

Presenting Author: Benson Nyambega, Western Kenya Cancer Care and Research Center

Institution Country: Kenya

**Poster 123**

Title: Transcriptional Profiling for Innate Immunity Receptor CD36 in the Regulation of Endothelial Cell Immunity via Fatty Acid Metabolism

Presenting Author: Atul Kumar, University of Alabama at Birmingham

Institution Country: United States

**Poster 124**

Title: National Healthcare Provider Assessment of Guideline Adherence and Multi-Disciplinary Breast Cancer Care in Nigeria: A Call for Action

Presenting Author: Anya Romanoff, Icahn School of Medicine at Mount Sinai

Institution Country: United States

**Poster 125**

Title: Epidemiological Analysis of Hospitalizations for Malignant Bladder Neoplasia in Adults in the Last 4 Years in Brazilian Territory

Presenting Author: Pedro Henrique Paesi Dutra, Universidade Ciências da Saúde de Porto

Alegre

Institution Country: Brazil

**Poster 126**

Title: Enhancing Cancer Care in Ukraine: Insights from Doctor Perspectives on Diagnosis and Treatment Quality

Presenting Author: Anastasiia Liakh, Danylo Halytsky Lviv National Medical University

Institution Country: Ukraine

**Poster 127**

Title: Cancer Surveillance in Ekurhuleni District in Gauteng Province: A Representation of South African Population, 2021

Presenting Author: Babongile Ndlovu, National Health Laboratory Service, National Cancer Registry

Institution Country: South Africa

**Poster 128**

Title: Expansion of Cancer Diagnostics Reimbursement in Tbilisi, Georgia, Driven by Evidence-Based Economic Forecast Model

Presenting Author: Natia Verdzadze, City Cancer Challenge

Institution Country: Georgia

**Poster 129**

Title: The Transcriptional Regulation of TBX3 by the c-Myc/E6/E7 Axis and Targeting this Axis for the Treatment of HPV-Positive Cervical Cancer

Presenting Author: Lucy Macharia, University of Cape Town

Institution Country: South Africa

**Poster 130**

Title: Mapping Cancer Survivorship in Africa: An Update from the Survivorship Working Group Survey

Presenting Author: Goodluck Nchasi, Kamanga Medics Hospital

Institution Country: Tanzania

**Poster 131**

Title: Nanoparticle's Encapsulation Ability Is More Efficient for Characterization of Invading Breast Cancer Cells than EMT Markers

Presenting Author: Elizaveta Kontareva, Moscow Institute of Physics and Technology

Institution Country: Russia

**Poster 132**

Title: Prostate Cancer Observed Survival for Harare, Zimbabwe: Utilizing a Population-Based Cancer Registry Platform

Presenting Author: Tinashe Adrian Mazhindu, University of Zimbabwe, Faculty of Medicine and Health Sciences

Institution Country: Zimbabwe

**Poster 133**

Title: Growth in the Brazilian Mortality Rate from Prostate Cancer Between the Years of 2011 and 2021

Presenting Author: Mariana Afonso, Universidade Federal de Ciências da Saúde de Porto Alegre

Institution Country: Brazil

**Poster 134**

Title: Carriage of ELAC2 Gene (Ser217Leu and Ala541Thr) and RNASEL Gene (R462Q (rs 486907) and D541E (rs 627928)) of and Risk Factors in Patients with Prostate Cancer in Burkina Faso

Presenting Author: Abdou Azaque Zoure, Institut de Recherche en Sciences de la Santé/Centre National de la Recherche Scientifique et Technologique

Institution Country: Burkina Faso

**Poster 135**

Title: City-Led Multi-Sectoral Stakeholder Engagement to Advance Evidence-Informed Cancer Care in Abuja, Nigeria

Presenting Author: Chris Njoku, City Cancer Challenge

Institution Country: Nigeria

**Poster 136**

Title: Understanding the Individual Challenges and Experiences of Young Adults with High Grade Glioma

Presenting Author: Kaviya Devaraja, University of Toronto

Institution Country: Canada

**Poster 137**

Title: Identification of Potential Biomarkers and Therapeutic Targets Involved in High-Grade Serous Ovarian Cancer: A Bioinformatics Analysis

Presenting Author: Aicha Lakhssassi, Intelligent Automation & BioMedGenomics

Laboratory, Faculty of Science and Techniques of Tangier, Abdelmalek Essaadi University, Tetouan, Morocco

Institution Country: Morocco

**Poster 138**

Title: Nanoparticle's Encapsulation as a Marker for Leading Cells in Collective Migration of Breast Cancer Cells

Presenting Author: Anastasia Alexandrova, Moscow Institute of Physics and Technology (MIPT)

Institution Country: Russia

**Poster 139**

Title: "Imparting Knowledge to Others": A Qualitative Study Exploring How Ethiopian Women Prefer to Receive Cervical Cancer Education

Presenting Author: Rushna Tubassum, City University of New York Graduate School of Public Health and Health Policy

Institution Country: United States

**Poster 140**

Title: The Increase in Deaths from Breast Cancer in Brazil: An Analysis of a Decade

Presenting Author: Rafaela Pires, Universidade Federal de Ciências da Saúde Porto Alegre

Institution Country: Brazil

**Poster 141**

Title: Correlation Studies Are Essential for Achieving World Health Organization Cervical Screening Targets

Presenting Author: Eric Suba, Global Cervical Cancer Prevention Project

Institution Country: United States

**Poster 142**

Title: Predicting Prostate Cancer Progression with a Multi-lncRNA Expression-Based Risk Score and Nomogram Integrating ISUP Grading

Presenting Author: Sabrina Ledesma-Bazan, 1) CONICET - Universidad de Buenos Aires, Instituto de Química Biológica Ciencias Exactas y Naturales, Buenos Aires, Argentina; 2)

Universidad de Buenos Aires, Facultad de Ciencias Exactas y Naturales, Departamento de Química Biológica, Laboratorio de Inflamación y Cáncer, Buenos Aires, Argentina  
Institution Country: Argentina

**Poster 143**

Title: Association between Hepatocellular Carcinoma Epidemiology and Self-Reported Ancestry in Latin America  
Presenting Author: Erica Loon, University of Minnesota Department of Medicine  
Institution Country: United States

**Poster 144**

Title: Regulation of Osteopontin in Prostate Cancer: Potential Therapeutic Implications for Bone Metastasis  
Presenting Author: Pablo Sanchis, Instituto de Química Biológica de la Facultad de Ciencias Exactas y Naturales de la Universidad de Buenos Aires y CONICET  
Institution Country: Argentina

**Poster 145**

Title: Quality and Diagnostic Characterisation of Bone Marrow Biopsies at Kamuzu Central Hospital, Malawi: A Retrospective Study  
Presenting Author: Edwards Kasonkanji, UNC Project-Malawi, Lilongwe, Malawi  
Institution Country: Malawi

**Poster 146**

Title: Assessing Differences in Healthcare Access for Women in Rural Uganda by HIV Status  
Presenting Author: Mia Sheehan, Simon Fraser University  
Institution Country: Canada

## Appendix F: Responses to Slido Exercise Prompts [Early Career Investigator Day]

The following text comprises unedited responses from Symposium participants using the Slido platform. Three prompts were offered in both English and Spanish; there were no Spanish responses to the third prompt.

### **Prompt 1: English**

#### **Share one aspiration/hope/wish you have for a career in cancer research in your country. (39 participants)**

- Research application of findings in programs
- Improve prevention through a health approach to food supply regulation
- Sustainable funding and mentorship in cancer research, clinical trials, and international partnerships in cancer research improving access to personalized medicine/ targeted therapies in cancer
- Research dissemination
- Implementing cancer care for refugees and any populations in unstable areas of the world
- Elevating the experiences of those most directly affected by cancer
- Increase in preclinical research addressing cancer disparities, patient derived therapeutic tools
- More funding opportunities for cancer research training
- Funding, collaborations and change policies based on research done in Kenya
- Training
- Funding for cancer programs
- Inclusion of research priorities in National Cancer Control Plan
- Mentorship
- long-lasting, multidisciplinary partnerships
- Improving patient care through research
- Funding
- mentorship
- Change the mindset that research is a luxury to that research is a necessity
- International training

- Training
- Availability of research funding
- Support to expand and make funding opportunities more accessible to non-English speaking countries
- Funding open to Civil Society Organizations to do research
- Research into cheaper medication for low income patients.
- mentorship and partnership
- Funding
- translational research
- Having stability in research position
- Mentorship for early training residents and medical students
- Collaborative opportunities
- More protected time devoted to research
- Collaborative opportunities.
- finding where my skills can have the most impact
- That there are research jobs that pay well
- Access to funding opportunities
- Training
- Protected time for research
- Clinical Trial capacity building
- Funding
- Making an impact on cancer
- education for patients and caregivers
- Expand research in nursing
- Collaborative and equitable for all
- International cancer research
- leadership
- Help eliminate cancer causing viruses
- Research translate to clinical practice
- Progress toward health equity focus in research
- Inclusion of cancer advocates and patients in implementation research
- To see patient outcomes improved by personalized approach
- Easy to access mentors
- Expand opportunities for research
- Have a sustainable/fundable research career.
- I want to access mentors

- US

### Prompt 1: Spanish

**Comparte una aspiración/esperanza/deseo que tengas para una carrera en la investigación del cáncer en tu país. (2 participants)**

- Soy Cirujana Dentista y abordo en investigación temas de cancer bucal y la asociación del cancer con la microbiota oral.
- Conseguir grants

### Prompt 2: English

**What are some characteristics of a successful mentor-mentee relationship? (Word cloud drawn from 33 participants. The first four items on the list represent the most common responses.)**

- Trust
- mutual respect
- Effective communication
- Open communication
- support
- honesty
- guide
- Mutual commitment
- Motivation
- Authenticity Advocate
- time / availability
- networking opportunities
- inclusion
- goal setting
- constructive feedback
- clear expectations
- Vulnerability
- Time
- Partnership
- Open collaboration
- Mutual support & guidance
- Looks out for your career

- Listening one another
- Learning
- Humility
- Good relationship
- Generous guide
- Equity
- Engaging
- Ease of communication
- Consistency
- Communication
- Collaboration
- Being responsive

### Prompt 2: Spanish

**¿Cuáles son las características de una buena relación mentor-mentorizado?**

**(Responses from 1 participant)**

- Respeto mutuo
- Respeto al horario
- Respetar los horarios

### Prompt 3: English

**How can we better facilitate patient and community engagement in research? (24 participants)**

- Representation of researchers of marginalized communities
- pass on the results of the research in which they took part
- Respect and empowerment
- Capacity building
- Getting patients involved from the start of research
- Upholding consenting rights at every step.
- Ethical considerations
- Provide grants
- Ensuring you get consent and maintain confidentiality.
- Conduct health literacy research
- Capacity building
- Patient involvement in designing research

- Provide Funding!
- facilitate language and communication and include them at all stages
- Diverse representation
- Taking the time to share with patients how specific studies are relevant to patients, the community and society
- Accessibility
- share results in plain language
- Awareness campaigns
- Inclusion
- They provide research questions
- Early Involvement
- Diverse representation
- Keep it simple
- providibg patient-centered care
- Involvement of the community in research processes from the beginning.
- Recognition and acknowledgement
- Work in informed consent to convey aims clearly
- Inclusion
- Include from the beginning
- Community outreach programs
- Connect with cancer patients and their families
- Early Involvement
- pre-award funding for partnership building and advisory boards
- inclusion at ideation and initiation
- town hall meetings
- Use CBPR techniques
- Include from the beginning
- Involve the community
- Develop studies that will benefit patients