

Rwandan and U.S. Doctors Twin to Treat Children

Difficulty:

DIFFICULT

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Discussion activities to be done after completing this EA lesson

Today's report was about a form of cooperation to provide better health treatment for children in Rwanda. How does the cooperation work? What are the children suffering from? What is the success rate?

Extension discussion topics

A. Talking about and going over the specific topic / idea / issue in listening text

Introduction = What were the chances of a child surviving cancer in Rwanda before the partnership? And for those treated under the new project? What is this new project?

1. What do we learn in the report about medical resources in Rwanda?
 - As in many sub-Saharan African countries, Rwanda has limited resources.
 - Supplies and facilities and expertise are limited.
 - Rwanda does not have a single trained pediatric oncologist.
2. What is the life expectancy for Rwandan children with lymphoma with and without the partnership? How does this compare with countries like the United States?
 - Without the partnership, chances of survival are zero: "What we know is that without treatment, all of these children would have died."
 - In advanced Western medical centers, children with cancer can often be treated successfully.
 - "Had they been treated in America there would have been about a 70-80 percent disease-free survival."
3. How does the partnership work? Is it high-tech? What results has it had? Where have they been presented?
 - Sara Stulac, a doctor working in Rwanda with the American NGO Partners in Health linked local doctors and nurses with U.S. cancer specialists.
 - Rwandan doctors send biopsies of suspected cancer cases to a specialist hospital in Boston, where specialists (...) confirm diagnosis and plan treatment, which (is) then done in Rwanda.

- It depends on regular telephone conferences.
- The key word is partnership or "twinning", which emphasizes the fact that both sides have equal importance (Rwandan teams for real-time evaluation and the deeper context, US teams for the specialized knowledge).
- The highest-tech part is when Rwandan doctors take pictures ("of different rashes and stuff") on their cell phones and send them by email to the specialist teams in Boston.
- Preliminary results were presented in an annual Hematology meeting. Out of 10 child patients with lymphoma, half died and the rest survived (50% survival rate - better than expected, but less than it would have been in US).

If it was Sara Stulac's idea, why were the first results presented by Leslie Lehmann at the Hematology meeting?

B. Expanding on (one of) the topics / ideas / issues in listening text

Topic = Cancer, its forms and its treatment.

1. What is cancer? Uncontrolled growth and multiplication of cells in the organ of the body.
2. How is it treated medically? 3 main forms of treatment: surgical operation (removal of the growth), radiotherapy (bombardment of the cancer growth with radioactivity), chemotherapy (drugs), or combinations of these 3 forms of treatment.
3. Cancer can occur in many organs and parts of the body. Which forms do you know of? What is lymphoma, which is mentioned in the report?

From top to bottom:

- Brain tumor.
- Cancer of the mouth or throat.
- Thyroid cancer.
- Chest or breast cancer.
- Lung cancer.
- Stomach cancer, cancer of the colon.
- Cancers of the reproductive organs (uterus, testicles, ...).
- Cancers of internal organs (kidney, liver, pancreas, prostate).
- Cancers of the blood and the lymphatic system (leukemia, lymphoma, ...).
- ...

4. What is the most important factor for treatment of cancer to be successful? (Early identification). Which of the above forms are the easiest to treat? The most difficult to treat? If necessary, do some internet research to answer this question.

C. Extending discussion of (one of) the topics / ideas / issues in listening text

Topic = NGOs.

1. What are Non-Governmental Organizations? Which are the largest and the best known? What functions do they have? (aid and development). Are they always well accepted in the countries where they act? To answer this question, you might find it useful to look at two recent English Addicts: "Aid Agencies Reassess Somali Operations" - 06 December 2011, and "Helping the Turkana People Help Themselves" - 03 November 2011.

OR, Topic = The Lymphatic System.

1. In the report you heard about a type of cancer called "lymphoma" and you met the term "lymph nodes" in an exercise and maybe also in the glossary. Find out all you can about the lymphatic system, its role in the body, and diseases affecting this system. And then report back to a partner or to your teacher.
 - The lymphatic system is a network of tissues and organs. It is made up mainly of lymph vessels, lymph nodes and lymph. It is part of the larger **immune system**.
 - **Lymph vessels**, which are different from blood vessels, carry fluid called **lymph** throughout your body. Lymph contains white blood cells that defend you against germs.
 - Throughout the vessels are **lymph nodes**. Along with your **spleen**, these nodes are where white blood cells fight infection.
 - Your **bone marrow** and **thymus** produce the cells in lymph. They are also part of the system.
 - The lymphatic system clears away infection and keeps your body fluids in balance.
 - If it's not working properly, fluid builds in your tissues and causes swelling, called lymphedema.

Other lymphatic system problems can include infections, blockage, and cancer (lymphoma and the type of lymphoma called Hodgkin disease). Lymphoma is basically a massive multiplication of the white cells in the blood.

Audioscript

Children with cancer in Rwanda are getting specialized care thanks to a partnership with doctors in the United States. The program is saving lives in an area with limited resources.

In advanced Western medical centers, children with cancer can often be treated successfully. But it usually takes advanced medicines and equipment and, perhaps most importantly, pediatric oncologists who have the specialized training to diagnose and treat their very young patients.

In poor countries, supplies and facilities and expertise may be limited. Rwanda does not have a single trained pediatric oncologist. So a doctor working in Rwanda with the American NGO Partners in Health linked local doctors and nurses with U.S. cancer specialists. Sara Stulac's idea was to send biopsies of suspected cancer cases to Boston, where specialists would confirm diagnosis and plan treatment, which would then be done in Rwanda.

Leslie Lehmann, of the Dana-Farber Children's Hospital Boston Cancer Center, discussed the arrangement at the American Society of Hematology annual meeting in San Diego. She described 10 young lymphoma patients treated at Rwinkwavu hospital in eastern Rwanda. Half of the patients survived; the rest died from the disease or from complications of treatment.

"Had they been treated in America there would have been about a 70-80 percent disease-free survival. We ended up with 50 percent. So, not as good. I don't think we would have expected it to be as good. But not terrible, and I think what we know is that without treatment, all of these children would have died."

Lehmann says this was not some expensive, high-tech telemedicine arrangement. The main use of technology is regular telephone conferences between the specialists in the U.S. and the care team in Rwanda.

"And number two, people will take pictures on their cell phones and send them, of different rashes and stuff, send them by email, but that's (of) the highest tech thing that we have, for better or for worse."

Lehmann says that for now at least, the program is focusing on lymphoma and a few other cancers that are both common and not too complex to treat. She stresses that this is a partnership between the American and Rwandan doctors. She uses the term "twinning," which underscores the importance of both groups in treating the young patients.

"What makes it equal is that we have Rwandan doctors actually on the ground. And so what they're bringing is both the minute-by-minute evaluation of the patients that we don't have at all, and their understanding of the deeper context. That's the part that they bring, and then we bring the specialized medical knowledge."

Leslie Lehmann of the Dana-Farber Children's Hospital Boston Cancer Center, says there are not enough trained specialists in the world, but that partnerships like this might be one way to bridge the gap.

That's today's (VOA) Health Brief. This is Art Chimes reporting.