A letter before the session of the Win-Win Partnership in The Global Health Catalyst Summit at Harvard Medical School, 29-30 April, 2016, Boston, MA, USA:

Toward remarkable increase of better value radiotherapy-clinical oncology services in the world starting from Africa.

Port Said, 14 April, 2016.

I share with you here an example of the messages that we sent in the last 5 months to some colleagues and some Stakeholders. As a result, we'll present in the Win-Win session (and the side working meetings) that I'll co-chair in Harvard Health Catalyst summit conference, 29, 30 April, Boston, MA, USA show cases of on- going projects or preliminary proposals for new Radiotherapy-Clinical Oncology services in Africa and we'll discuss practical next steps in Africa.
(Chairs of the session: Paul Nguyen and Ahmed Elzawawy. Summit coordinator: Wil Ngwa)

As I indicated in the objectives of the session, It will NOT be to repeat the known information or tragic statistics or the lack of more than 7,000 radiotherapy–clinical oncology unites in LMICs and NOT just to present barriers, recommendations and hopes that we all know. The Session will be about actions and how to go forward practically to promote for more numerous implementations in the world.

I am keen to emphasize on that the win-win scientific initiative is a movement, a concept and a forum and not a rival body. We are professional consultants and catalysts to increase access to better value services of Radiotherapy-Clinical Oncology cancer care in the world. We are NOT hindering or replacing any effort or initiative.

My friend Professor Wil Ngwa (Harvard) and I are arranging the session that will be accompanied with side small informal working meetings.

I look forward to having the pleasure of hearing from you

Please feel free to forward to who might be concerned or interested everywhere.

Sincerely, Ahmed

Prof. Ahmed Elzawawy , MD -
President of ICEDOC www.icedoc.org

& Coordinator of the Win-Win scientific initiative (http://www.icedoc.org/winwin.htm)
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Win-Win increase of Radiotherapy-Clinical Oncology services in the world (Starting with 4-5 African Countries).

THESE APPROACHES ARE MOSTLY NOT DEPENDING ON DONATION FROM ABROAD, BUT, IT IS MAINLY BY WIN-WIN COLLABORATION AND/OR PARTNERSHIP and with MOBILIZATION OF RESOURCES PARTICUALRY THE LOCALS.

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Dear colleagues and who might be concerned,

I have the pleasure to share with you this message.

Despite the several initiatives, studies, reports, publication , talks, some actions , conferences of international , regional or national organizations, societies , governmental or independent bodies and individuals , the deficit between the demand of Radiotherapy and the supply has widened in the last 10 years!!.
To fill the gap it is estimated that more 7,000 units of radiotherapy were needed in the Low and Middle income countries (LMICs). The gap would continue to increase in tragic way if we continue with the same approaches.
We consider also, access to Systemic therapy (Chemotherapy, hormonal and biologic therapy) and global cancer care.
In the real world, the incentives and motivation of different stakeholders are considered in a win-win scientific scenarios. http://www.icedoc.org/winwin.htm

The millions of suffering human beings are not in need just for more talks, meetings or slogans, but, for real big and soon actions.

There are 2 mains wings of the win-win initiative:

- The first wing is "Scientific approaches for Resource sparing and increase affordability of better value cancer care".
(Ahmed Elzawawy (2012). Science and Affordability of Cancer Drugs and Radiotherapy in the World - Win-Win Scenarios, Advances in Cancer Management, Ravinder Mohan (Ed.), ISBN: 978-953-307-870-0, InTech, Available from:http://www.intechopen.com/articles/show/title/science-and-affordability-of-cancer-drugs-and-radiotherapy-in-the-world)

- The second wing of the win-win initiative regards catalyst action and professional advice to increase enormously the rate of establishment of services of clinical oncology in the world starting with the most difficult challenges in Africa.

We are professional consultants and we are volunteer catalysts. So, as facilitators, we are encouraging all to do, to connect and to communicate with each other, to collaborate, or to act separately. We are NOT competing or replacing any society, organization, body, governmental or private efforts or individuals.

The services could be separate or attached to hospitals. They are not big centres, but effective, small and with high value clinical oncology services (Outpatient Radiotherapy , Chemotherapy –mostly as outpatient-, earlier diagnosis of cancer , palliative and supportive consultations, small lab, rooms for registry and computerized data for evaluation and researches connected to some international services or organizations... etc). So, local staff will practise as a part of the international scientific and professional communities, and they would gain their lives in more convenient way. Hence, most of the incentives of brain fleet would be abolished, while remarkable contribution of local staff in LMICs in the international scientific progress are hoped. This also would enrich scientific work in Western countries when local staff in LMICs are considered as co-workers or co-researchers while they are serving patients and institutes in their own countries. (Elzawawy AM: Could African and Low- and Middle-Income Countries Contribute Scientifically to Global Cancer Care? JGO – Journal of Global Oncology Volume 1, Issue 2, December 2015 http://jgo.ascopubs.org/content/1/2/49)

Global approaches could be beneficial to some problems of shortage of cancer drugs in rich and less affluent countries as well .

(Elzawawy A: The Shortage of Essential Cancer Drugs and Generics in the United States of America. Global Brain Storming Directions for the World. Int J Cancer Clin Res 2:016, 2015. Available from: http://clinmedjournals.org/articles/ijccr/ijccr-2-016.php?jid=ijccr)

Moreover, the most important -and falsely thought that it is the biggest challenge to confront - is to establish well-functioning radiotherapy units, hence, other clinical oncology services are completed. (The combination of Professional expertise, scientific and innovative approaches, the will to do and to consider win-win scenarios as we are in the real world, is the way) .

In a terrible world with newly developed higher risks of terrorism , I advocate to do every effort, scientifically, industrially and with the global cancer policy for the wider use of what I call " NON isotopes produced radiations" as in Tele-Radiotherapy (Linear Accelerators) and as in recent progress of Electronic brachytherapy . Hence, I ask all who are convinced to raise up this call and to work effectively to overcome obstacles.

The scope is international and worldwide despite it has the difficult challenges in Africa as a start. So, it is not coming from any continental organizations. But, it is a movement where there are open doors for all who would like to cooperate or to collaborate or act separately (The need is huge .So, no need to dispute!). Technical or other types of assistance would go directly to locals according to the program of any interested organization or society or bodies or individuals.

What is required from the locals, from colleagues and from interested bodies or potential partners or stakeholders in the world is to send their ideas or proposals of well feasible small private or PPP or public or charity or other proposals, but the most important is that it should be with good economic studies for its sustainability and value.

I don't claim that we'll own the credit of the hoped enormous achievement, but the stakeholders of any project who would deserve the credit and the gain. Catalysts could facilitate connections, cooperation and cooperation to do a lot. We already have a start of show cases!

Once again, to be clear, I am not searching for any personal glory. Our wish is to see –with efforts of all- more cancer patients are receiving their treatment- without financial abuse of patients- and that the local doctors would gain enough in a scientific background.

Going forward, in fruitful cooperation to serve human begins everywhere and I look forward to having the pleasure of hearing from you.

Kindest regards, Sincerely, Ahmed

Professor Ahmed Elzawawy, MD

-President of ICEDOC & ICEDOC's Experts in Cancer Without Borders . (ICEDOC: International Campaign for Establishment and Development of Oncology Centres. www.icedoc.org & www.icedoc.net)

- Coordinator of the Win-Win scientific initiative (http://www.icedoc.org/winwin.htm & http://www.icedoc.net/winwin.htm) . (An International Scientific initiative that aims at increasing affordability of better value cancer treatment in the world)

-President of AORTIC 2013-2015 (African Organization for Research and Training in Cancer, incorporated in New York, USA & Cape Town, South Africa)

- Advisor , Oxford Cancer Solutions , Oxford, UK .
http://www.oxfordcancersolutions.com/AboutUs/OurNetwork

- Member of The ESMO (European Society of Medical Oncology) Committee for Global Cancer Policy.

- Member of GTFRCC (Global Task Force for Radiotherapy in Cancer Control, UICC)

- Locally in Egypt: Professor of Clinical Oncology (Radiation and Medical Oncology) and Nuclear Medicine dept., Suez Canal University, Ismailia, Egypt and Chairman of Alsoliman Clinical and Radiation Oncology Charity Centre (At No cost to all patients), Port Said, Egypt.

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