UNIVERSITY OF NAIROBI

REMARKS BY PROF. PETER M.F. MBITHI VICE-CHANCELLOR, UNIVERSITY OF NAIROBI, DURING THE LAUNCH OF A BOOK BY PROF. NICOLAS A.O. ABINYA ON DRUGS TREATMENT FOR HEAMATOLOGIC NEOPLASM HELD ON MONDAY, APRIL 24, 2017 IN LECTURE THEATRE III, CHS AT 3.30 P.M.
Invited guests

Members of the College Management Board

Staff

Students

Ladies and Gentlemen
It is my pleasure and humble duty to be the Chief Guest during the launch of this book on drugs treatment for Haematologic Neoplasm by Prof. Nicolas Ambinya, one of our foremost scholars and researchers at the College of Health Sciences.

Let me take this opportunity to welcome all partners and invited guests to this very important function.
As you are aware, cancer cases are increasing worldwide, and about 70% of the burden of newly reported cases are found in developing countries. In sub-Saharan Africa, cancer registration and surveillance is minimal, therefore, data on cancer occurrence is rudimentary. Evidence from Nairobi County as reported in the Nairobi Cancer Incidence Report 2004 – 2008 clearly indicates that cancer is a major public health problem in Kenya.
One of the goals of Kenya Vision 2030 in particular, the Social Pillar, is to improve overall livelihood of Kenyans. This requires among others, provision of efficient and high quality health care with best standards. The Cancer Bill (2011) is now in operation, and the country through the National Cancer Institute is starting to roll out programs for cancer treatment and control strategies.
One of the 8 major problems identified in the Bill was lack of cancer specialists, limiting achievement of the above goals. The country has a population approaching 46 million people, and just about 20 specialists including 6 medical oncologists and a few haematologists.

Training facilities that have traditionally been accessed abroad are expensive and largely unavailable currently, and the situation for most other countries in sub-Saharan Africa is even worse. A fellowship program to train cancer chemotherapists has therefore been
started at the University of Nairobi, and curricula for training of radiation oncologists and gynaecology oncologists are nearing completion.

Cancer can be looked at as solid tissue cancer or haematologic, the latter being primarily of the haematopoietic and lymphoreticular system. The systemic nature of the haematopoietic and lymphoreticular tissues implies that neoplastic disorders arising from them are often systemic. These neoplasms include myeloid leukaemias and related proliferative and dysplastic disorders, lymphoid
leukaemias, lymphomas and plasma cell neoplasms which are closely related. Their treatment has evolved greatly over the years from single alkylating agents in the 1950s to the current immunologically and molecularly targeted therapies.

The problem is that in low-income countries, sheer poverty limits availability of anticancer drugs to individuals. Therefore the bulk of populations resident in these territories can hardly afford to be put on standard treatments for the various cancers. There is need for physicians in low-income countries to
familiarize themselves with formulations of treatment protocols so that they can offer their patients reasonable treatment despite the glaring limitations.

They should at the same time keep up with new developments elsewhere and never allow themselves to be left behind in this field that is getting ever more complicated at a fascinating speed. They should lead the way in formulating effective treatments for disorders which are more prevalent in their environment.
Unfortunately research funding is not a priority for policy makers in low-income countries. But we should never give up. We should wake up and carry out whatever research that is feasible within our means, as long as it addresses our interests. We should not idle around most of the time but do as much as is expected of scientists and academicians elsewhere.

Writing of books both for teaching and application in the clinic for day-to-day use is one way of bringing scarce information to more people, and particularly when it is tailored to our own environment.
This book should go a long way in empowering physicians and students in low-income countries to look at neoplasms of the haematopoietic and lymphoreticular system more critically, and improve cure rates for their patients at minimal toxicity and costs.

This group of cancers is composed of some of the most lethal types of cancer if not managed well, and yet curable if handled properly. Cost cannot be ignored, and a doctor who does not strive to contain the cost of
care may be putting their patients through a lot of suffering without realizing. This book addresses cost.

Unfortunately the reading culture tends to be lacking in our environment, and even practitioners tend to take shortcuts rather than comprehend their subjects properly. There is this assumption by many practitioners that it is no longer useful trying to understand principles governing treatment of cancer.
Many believe that as long as one is armed with a tele or such like gadget then one is home and dry. One can google any form of treatment protocol and administer treatment regardless of knowledge of the consequences of such treatment. Many have as a result stopped reading around their subjects. This is bad luck. More research should therefore be carried out and more books written.
With those remarks, it is now my pleasant duty to formally launch the book.

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AND
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