The Malawi Ward in 2017...

The Paediatric Oncology ward at Queen Elizabeth Hospital, Blantyre, has been a beehive of activities in 2017. Some of the highlights in the last year have included:

TRAINING: Eunice Chakhumata (Clinical Officer) started her 2 year training in Palliative Care at Makerere University in Uganda. We hope that these new skills in palliative care will be a great addition to the ward.

INTERNATIONAL LINKS: Dr Chagaluka, Sr Nsusa and Dalida attended the SIOP Africa conference in Morocco. The team learnt a lot from colleagues from other centres. In particular, Dr Chagaluka attended the retinoblastoma network meeting in Hyderabad, India. Links formed during this meeting resulted in a new partnership with retinoblastoma experts in London. This crucial relationship has enabled Sr Ngwira to travel to London for orientation and training in retinoblastoma care.

CHILDHOOD CANCER AWARENESS DAY: In a special day to mark and promote the work of the Ward, cancer survivors were taken to Ku Chawe Inn in Zomba for a horse riding sessions, accompanied by journalists from TV stations, newspapers and radio stations. Mums of cancer survivors gave TV and radio interviews on how their kids were diagnosed, treated and their current status.

SUPPORT FROM CHILDREN WITH CANCER IN MALAWI: We continue to support nurses’ salaries, drugs and laboratory diagnostics. Visits by Professors Steve O’Brien and Simon Bailey to Malawi have helped underpin some of our new activities (see next item). Lastly, our annual Christmas delivery of toys for the Ward has just arrived in Malawi.

As always, a huge thank you to all of you for helping so many children over the last year – our work simply wouldn’t be possible without you. Merry Christmas and a prosperous New Year!

The New Kid on the Block

By Prof Stephen O’Brien, Newcastle University & Consultant Haematologist, Freeman Hospital

It started with a game of football and now Rodgers was in the children’s oncology ward at Queen Elizabeth Hospital in Blantyre.

How did that happen?

It was such a pleasure to join Prof Bailey and Prof Molyneux for my second trip to Malawi in March 2017. The trip started well with Simon introducing me to the delights of chocolate mint crunch at Johannesburg airport. Another gustatory first when we got to Blantyre was nsima (maize flour and water). I think I preferred the chocolate…

After attending church on our first day and being made to feel so welcome at a local barbecue we got to Queen Elizabeth Central Hospital bright and early on Monday morning. As the ‘new kid’ I was still figuring out what I can offer to help children with cancer in Malawi. There are of course many challenges and the environment is so different to the ‘luxurious’ NHS that we enjoy at home.
My ‘day job’ as a Professor of (adult) Haematology in Newcastle is to develop new treatments for leukaemia and I also chair a committee at NICE, the organisation that considers which new treatments the NHS should pay for. I’re therefore very conscious that for many new treatments in the NHS the cost per year of treating one or two patients could equate to the entire drug budget for the children’s cancer ward in Blantyre. Food for thought.

Simon roped me in to the “Newcastle Malawi crew” partly because I’m a bit of a geek. I like what technology can do in medicine and Simon and Peter Carey (who in Newcastle does most of the reporting for the diagnostic images from Malawi) needed a web system to help manage the remote pathology set up that they established some years ago. The Malawi team have a microscope linked to a digital camera and computer which allows them to capture images of blood cells and other samples and send them over the internet to Newcastle for interpretation. Together we built the MPathE web system which allows Dr George Chagaluka and Richard, his colleague in the lab, to upload images which are sent on to Peter for interpretation. George then gets an email when a report, with clinical advice from Simon, is ready and this helps greatly in accurate diagnosis and patient management. MPathE has been running for about 3 years now and there are over 1,500 records on the system. When I look at the data however, in almost half the cases it’s not possible to offer a definitive diagnosis for technical reasons so we still need to improve and perhaps explore other cost-effective diagnostic tests.

I spent a day or two figuring out how pathology works in the hospital and how I could perhaps make a contribution. As well as fixing the odd blood analyser and microscope, it was great to meet some new and enthusiastic members of staff. Dr Sylvester Chabunya is a government-appointed trainee in haematology who had just started in the specialty a few months previously. We got together most days, I helped Sylvester do his first bone marrow biopsy and we’ve kept in touch to try to develop a broader training programme for him. Dr Yambanso Manda was also new in post as a consultant histopathologist and keen to help improve pathology services. These appointments are great for patients at QEH and will hopefully improve diagnostic services on offer to paediatric oncology also. I left after only a week in Blantyre and felt there was so much more to be done: it’s always a challenge to know what to offer and how to do it. But it’s clear that the connection between Newcastle and Blantyre has been of great benefit to children with cancer in Malawi and I feel very proud to have played my small part and will continue to do so.

When we were out there we shot some video for BBC North East who are interested in the Newcastle-Blantyre connection. As I write, we’re about to meet with the BBC to do some filming at the RVI and there should be a short film coming out in the New Year on the BBC Inside Out programme. Watch out for it, probably towards the end of January.

I’ll be going out to Malawi again with Simon in March 2018 to continue to try to figure out how best to help. And to get some more chocolate mint crunch…

So back to Rodgers, who’s 13 years old. He was having a kick about with his mates when a scorching shot at goal hit him in the stomach. He thought nothing of it at the time but developed a pain that wouldn’t go away after a few days. Eventually his mum took him to the doctor who found a worryingly large lump in Rodger’s abdomen. A scan indicated it might be Burkitt’s lymphoma and he needed a biopsy to confirm. When we saw him on the ward round he looked very worried at the prospect of the biopsy but was trying to put on a brave face. A needle was put into the tumour under ultrasound guidance, the biopsy images were uploaded into MPathE and confirmed Burkitt’s. The whole process got me thinking. Using new technology it’s now possible to detect DNA from various tumours circulating in the blood stream and this has been quite successful in lung cancer in adults for example. As technology advances it could be possible to diagnose tumours (and infections) at low cost from drops of blood dried on to blotting paper. So a simple blood test might be able to replace a biopsy and also improve our positive diagnosis rate. We might explore this DNA-based approach further – it could provide be an important step forward.

I’m not used to paediatrics, all my patients are grown up, and I wasn’t sure what to expect on the children’s cancer ward. Although there were days of sadness there was mostly a sense of joy and optimism on the ward. I met Bridgette Nsusa and Esnart Ngwira, two of the senior nurses on the ward, who were truly inspiring in their dedication to looking after the children in their care. George Chagaluka leads an excellent clinical team who are always trying to improve outcomes for children with cancer and talking to Liz Molyneux, who originally set up the children’s cancer service, it is truly impressive to see how much things have improved for children with cancer over recent years. There have been particularly impressive improvements in outcomes for children with acute lymphoblastic leukaemia in recent years which is as much to do with good supportive care as it is to developments in chemotherapy protocols. The dedication and achievements of George, Liz, and all the other members of the paediatric oncology team in Blantyre are just fantastic.

Every penny raised will come directly to us.