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## GUEST EDITORIAL

### *Celebrating 25 years of research and training in cancer in Africa: a historical perspective of the African Organization for Research and Training in Cancer (AORTIC)*

Africa has a long tradition of excellence in cancer research. During the “Golden Age” of cancer control in Africa, in the 1950s and the 1960s, the University of Makerere in Uganda and the University of Ibadan in Nigeria shared a common heritage of excellence in biological research. The heroes of the time included Dennis Burkitt as well as R.J.V. and Isobel Pulvertaft in Uganda, and George Edington, Victor Ngu, and Olusiji Oshunkoya in Ibadan. Burkitt’s lymphoma cell lines such Raji and Daudi were created in Kampala and Ibadan, and their studies have helped in the evolution of modern molecular biology.

Several principles of cancer chemotherapy were derived from seminal publications on the curative management of Burkitt’s lymphoma by John Ziegler and his colleagues at the National Cancer Institute of the United States working in collaboration with Makerere University at the Cancer Institute of Mulago Hospital, in Kampala, Uganda. In fact, in the 1960s and early 1970s, many advances in cancer treatment emanated from Uganda.

Through studies of Kaposi’s sarcoma carried out in East and Central Africa in the 1950s and 1960s, the world had considerable awareness about the pathology and treatment of the African endemic form of the disease, which some 30 years later was useful in understanding its epidemic variant that became the first HIV/AIDS-associated disease in the 1980s in the United States.

Then, in the late 1970s and early 1980s, a process of unraveling of the African continent, and with it, African cancer research, began. Data from African cancer registries that used to feature prominently in the publication *Cancer in Five Continents* were no longer considered fit for publication, because of diminished quality and reliability.

Meanwhile, elsewhere in the world, real and significant progress was being made in the understanding of the disease process and the development of methods of prevention and cure of cancer. A major impetus had been given to the process by the declaration of the “War Against Cancer” by United States President Richard Nixon in December of 1971. Cooperative research groups such as the Cancer and Leukemia Group B (CALGB) and the Eastern Cooperative Oncology Group (ECOG) had been created and were making changes in cancer care in North America.

It is against this background that AORTIC was founded. The idea for the creation of the organization was conceived during a lunch break meeting at the 13<sup>th</sup> Congress of the Union Internationale Contre Le Cancer (UICC) meeting in Seattle, Washington, which was held on September 8-15, 1982. Participants at this meeting became the founders of AORTIC. They included Dr. Victor Ngu of Cameroon who became Pro Tem Chairman, Dr. Toriola Solanke of Nigeria (Chairman of the Organizing Committee), Dr. James F. Holland of New York City (Scientific Adviser) and I (Pro Tem Secretary General). The Committee was to identify and contact established African doctors and scientists interested in cancer as well as raise funds for the inaugural meeting of AORTIC. This meeting was held in Lome, Republic of Togo, on July 22-23, 1983. It was attended by 24 doctors from 14 countries, including 12 African and 2 non-African countries.

The period of 1984 to 1990 witnessed concerted activities in organization and research. However, by early 1990s, faced with communication challenges, economic chaos of the African nations, and emigration of principal members of AORTIC, the organization ceased to function.

The process of reactivation of AORTIC was started in April 2000 at an annual meeting of the American Association for Cancer Research (AACR), in San Francisco, California, by a group of people, including the original founders and some energetic newcomers, mainly expatriate African cancer professionals, scientists, and their non-African associates. They formed AORTIC International (later renamed AORTIC North America), which over the following 3 years engaged in a process of deliberation and planning, with the aim of repatriating the organization to Africa. In October 2003, at the 5<sup>th</sup> AORTIC International Conference on Cancer in Africa, held in Accra, Ghana, Africa-based AORTIC leaders were elected, thus, completing the process of repatriation of the organization. AORTIC has since held meetings biennially in Africa, including in Dakar, Senegal, in 2005, and in Cape Town, South Africa, in 2007.

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AORTIC has many reasons to celebrate its silver jubilee in spite of its inability to influence cancer control effectively in Africa since its inception 25 years ago. The mere fact that cancer researchers assembled in Cape Town, South Africa, in October 2007, is a major reason to celebrate. Following the meeting in Seattle, Washington in 1982, it was my duty as the Pro Tem Secretary General to travel the world to spread the news about the young organization. I visited the World Health Organization (WHO) headquarters in Geneva, Switzerland, and the WHO African regional office, in Brazzaville, Congo, as well as many countries in sub-Saharan Africa. A trip to South Africa was at that time out of the question, because of the prevailing political atmosphere. In October, researchers assembled in this beautiful country and enjoyed the hospitality of its rainbow-colored citizenry. This, indeed, is a good reason to celebrate.

In 1983, 14 countries were represented at the inaugural convention of AORTIC. Today, 25 years later, AORTIC draws its membership from 29 countries, including 5 non-African nations. This, indeed, is a good reason to celebrate.

At its inception more than 25 years ago, the WHO was AORTIC's only international supporter. Today, AORTIC can boast of associations with a plethora of international bodies, including the WHO, the National Cancer Institute of the United States, the American Cancer Society, the Canadian Cancer Society, the American Society of Clinical Oncology (ASCO), the AACR, the International Network for Cancer Treatment and Research (INCTR), as well as several other international bodies. With the help of these broad-based groups, one can be optimistic that there will be a renaissance of another "Golden Age" of cancer control in Africa. This is, indeed, a good reason to celebrate.

In the 25 years of its existence, AORTIC has demonstrated its ability to be a promoter of change. In its first decade, AORTIC organized a multicenter clinical trial involving five different African countries. It was a randomized study of the treatment of primary liver cancer comparing two anthracyclines, namely doxorubicin and epirubicin. This is probably the first and only study of its type ever held on this continent. The results of the study were presented at a meeting in Paris, France, in 1991, and later published. Several other studies were proposed. Unfortunately, prevailing socioeconomic problems made the realization of those goals unattainable.

In January 2007, AORTIC teamed up with ASCO to hold the Multidisciplinary Cancer Management course. It was held in Abuja, Nigeria, and was attended by 75 participants including physicians, surgeons, pharmacists, nurses, and social workers. This was the first time this type of cancer educational event was held in Africa after it had been held in other places such as China, and some Latin American countries.

At the 2005 meeting in Dakar, Senegal, AORTIC's activities received the endorsement of an important ally in the person of President Wade of Senegal. In his remarks at the opening ceremony, he expressed his enthusiasm for cancer advocacy in Africa. He followed up his words with action by implementing many of the recommendations emanating from the conference.

In 2007, AORTIC is alive and stronger than ever. Over 400 delegates from 46 nations, including more than 2 dozen African nations, and others from Europe, Asia, Australia and South America, gathered at the conference for 4 days of keynote presentations in 10 plenary sessions, 25 workshops, six "Meet-the-Experts" sessions, and grant-writing seminars — mingling and networking in scientific interchanges. A rich scientific agenda was embellished by a meaningful cultural experience. The sessions on the genitourinary malignancies constituted an integral part of the overall effort directed at the prevention, early detection, and successful treatment of a variety of malignancies in Africa.

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