

**REPORT ON THE
NUTRITION AND DIETETICS IN CANCER MANAGEMENT WORKSHOP
HELD ON 28th to 30th OCTOBER, 2019 AT THE ACK GUEST HOUSE
NAIROBI-KENYA**



By

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There is a common misconception that non-communicable diseases (NCDs) such as diabetes, heart disease, and cancer mainly affect populations in high-income countries. However, NCDs account for more than half of all deaths in low and middle-income countries (LMICs) claiming an estimated 29 million lives each year (of the 36 million deaths worldwide) [1]. About 30% of these deaths occur before the age of 60 [2]. In sub-Saharan Africa, the increase of NCDs is expected to outpace the reduction of infectious diseases which have far-reaching economic implications for countries with already constrained health resources [2]. Kenya is not an exception with about half of all hospital admissions and one-fourth of all deaths being from NCDs. Data on NCDs burden in Kenya are unfortunately scarce due to weak reporting systems [3]. NCDs are chronic and therefore require continued expenditures that can trap poor households in a cycle of debt, illness and poor health leading to social and economic inequality [4]. This notwithstanding, NCDs often affects people in their most productive years leading to reduced or loss of income. People with NCDs are also more likely to miss work, become unemployed or retire early [5]. Therefore, low-cost prevention is important in a low resource setting like the situation in Kenya. The government of Kenya emphasizes the health of its citizens and the improvement of health service delivery, this is reflected in several policy documents and successful development plans including the Big Four Agenda and vision 2030 among others. Scientists agree that a comprehensive package of primary prevention, health-care interventions and improved surveillance can substantially reduce the burden of NCDs [6, 7]. Subsequently, the World Health Organization (WHO) has adopted the Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol. There are 4 broad categories of NCDs namely: cancer, cardiovascular diseases, chronic obstructive disease, and diabetes. Cancer has overtaken cardiovascular disease (CVD) as the leading cause of death in many parts of

the world. It causes one in eight deaths worldwide. Global trends show that the majority of all cancer deaths occur in low- and middle-income countries. Cancer is an emerging problem in Kenya; statistics indicate that cancer is a non – communicable disease that is on the increase in Kenya. Cancer is estimated to be the second leading cause of NCD-related deaths after cardiovascular diseases, and it accounts for 7 percent of overall national mortality [8]. Cancer mortality can be reduced if cases are detected and treated early. Individuals and their physicians can participate in regular screening to identify abnormalities suggestive of cancer so that prompt diagnosis, treatment, and care can be sought. In the absence of early detection or screening, patients may be diagnosed at late stages when curative treatment is no longer an option [9]. It is estimated that the annual incidence of cancer is about 28,000 new cases with an annual mortality of 22,000 cases. Over 60% of those affected are below 70 years while the risk of getting cancer before 75 years of age is 14% and the risk of dying from it is estimated at 12% [10]. The leading cancers in women are breast, cervical and esophagus. In men, esophagus, prostate cancer, and Kaposi's sarcoma are the most common [11]. Regular examination and medical tests contribute to early cancer detection and treatment.

The Nutrition Unit of the Ministry of Health and collaborators are deliberating a nationally coordinated response as an intervention to manage these emerging NCDs. Some of these specific objectives of these interventions include:

1. Promotion of a healthy eating behavior/culture
2. Support public forums (shows and exhibitions) to encourage physical activity
3. Support media campaigns on risk factors
4. Encourage early testing/detection for NCDs to demystify and reduce fear
5. Organize school-based awareness creation forums
6. Enlisting champions for NCDs
7. Enhancing and securing green space to encourage physical activity
8. Strengthening a multi-sectoral approach to secure buy-in by stakeholders for sustaining the program.

It is in line with objectives 3, 5, 6, and 8 of the Kenya Ministry of Health Nutrition Unit and collaborating partners that Mega Shift Nutrition and Dietetics Consultants International Limited (MSNDCL) planned for a three-day workshop that was held between 28th and 30th October 2019. This Workshop was held in Nairobi and its main focus was on Nutrition and Dietetics in Cancer Management. Due to the NCD unfolding scenario and rapid raise in cancer cases in Kenya, Mega Shift Limited felt the need to urgently sensitize health professionals and individuals to be equipped with information/knowledge and skills on how to prevent and manage cancer.

Mega Shift conducted this workshop to increase the number of professionals and individuals with updated knowledge and skills in cancer management. The participants were then to reach out to the people in need of support and information to prevent and sustain their quality of life (QoL).

The workshop aimed at empowering participants with current knowledge and skills on nutrition and dietetics management of cancer. The participants were then to become advocates of cancer prevention, by aiming to alleviate the suffering of these patients by promoting healthy eating, nutrition care, and support. This workshop did not only target not nutritionists, dieticians and health practitioners, but also anyone that needed to understand the prevention and care of people living with cancer at an individual level.

The hope of tackling this pandemic lays in its prevention and not in the curative and treatment approaches. The conference Keynote speaker Prof Ruth Oniang'o took the participants through an overview of the cancer pandemic. "Cancer was an unknown disease when I grew up...yet today it is a serious pandemic". Prof emphasized that people fear to go for cancer screening and testing because they say "So what if I am found to be with the disease?", emphasizing the futility of cancer management in our health institutions today due to a broken down health care system. A patient has to go through the rigorous tests and medications further depleting the scarce resources and eventually they die anyway. Many more patients are trying to get treatment from abroad a strategy that is expensive and not sustainable something she called MEDICAL TOXICITY. Prof noted also the attached stigma of the disease and noted that all of us are currently in two groups either affected or infected as it is no more a factor of genetic predisposal. "Today, cancer is in the village where people eat healthy diets, working hard and having little pollution 'said Prof Oniang'o. She also noted the stigma of prostate cancer among the men and encouraged men to be advocates of awareness of the disease. The current discussion on the HPV vaccine for girls was discussed and it was noted that more light was to be shed on the side effects by health staff. Prof also touched on mental health issues whereby the rising numbers of suicides and depression were noted even in the media. Prof noted that for Africa to curb the cancer menace we had to improve in cancer diagnosis and answer the question WHAT IS CAUSING CANCER?

Prof Oniang'o challenged participants to embrace the 'BEYOND THE CANCER' approach as our role to create awareness and advocate for cancer prevention. The health care system must also work in Kenya if we were to manage this pandemic she emphasized. She then paused a question "What is your responsibility in cancer management?" It is time we found the link between cancer and: HIV and AIDS, depression, obesity, food, and even water. Our role is to manage cancer starting with young people or the younger generation. Prof also brought in the discussion of the role of food contaminants as a possible cause of cancer where we discussed the contaminated sugar, meat, and cereal in Kenya.

Prof also focused on nutrition being a fast-evolving subject and nutrition as a science, stating that issues of nutrition must be supported by research.

The final parting short statements from Prof Oniang'o were as follows:

1. Invest in nutrition
2. Food is the real medicine
3. Food safety is an issue of concern
4. We can minimize the impact of cancer
5. If you were asked to remove something from the Kenyan diet what would it be?
6. Make the media your advocacy friends
7. Cancer has no tribe

Having made the above statements, the workshop was officially opened and ran for 3 days the average number of participants was around 16-18. The number of facilitators was around 5-6.

RECOMMENDATIONS /WAY FORWARD FROM THE WORKSHOP

1. More follow up courses required to build on this knowledge and follow up this cohort
2. Training should be replicated to counties
3. The Kenya Nutrition and Dietetic Institute [KNDI] should be on board with Continuous Professional Development [CPD] follow up
4. There is the need for nutrition specialization
5. The specific take-home nutrition in cancer management message should be formulated
6. The future workshop should put up an interactive approach
7. Next workshops should give a call for paper presentations
8. There should be a representative from ministry of health and other key players in cancer management
9. Practical attachment to see real cases needed
10. The media channels should be embraced for advocacy and educating the masses

Scientists at the Harvard School of Public Health estimate that up to 75% of cancer deaths are preventable if the following factors are considered: avoid tobacco, avoid saturated fat and red meats, regular exercise, weight control, limit alcohol intake, avoid radiation exposure, avoid environmental pollutants, avoid related infections, have enough sleep, and get the required dosages of Vitamin D.

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