

# NEWS & VIEWS

Sep. 2024 Volume No. 07

THE ENEMY IS IN OUR SIGHTS...  
ATTACK!



المركز الوطني لعلاج وأبحاث السرطان  
National Center for Cancer Care & Research

عضو في مؤسسة حمد الطبية  
A Member of Hamad Medical Corporation



We value your opinion! Please take a moment to share your feedback on our News & Views newsletter by scanning the QR code below. Your insights are precious and will help us enhance your reading experience.



# NEWSLETTER CONTENTS

9



**(NCCCR) HAS LAUNCHED A NEW HOME TREATMENT SERVICE FOR CANCER PATIENTS**

10



**NCCCR EXPERTS ILLUMINATE 4<sup>TH</sup> MENA METABOLIC AND GENETIC CONFERENCE 2024**

13



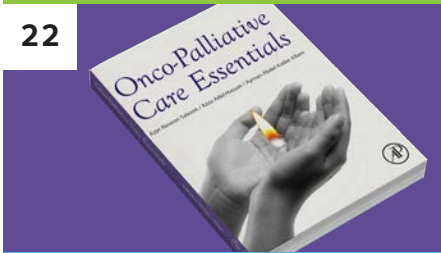
**UNDERSTANDING BREAST CANCER LUMPS: WHAT YOU NEED TO KNOW**

16



**WHAT CANCER TAKES AWAY**

22



**LAUNCHING OF NEW TEXTBOOK FOR ONCOLOGY AND PALLIATIVE CARE "ONCO-PALLIATIVE CARE ESSENTIALS"**

26



**UNDERSTANDING CANCER CACHEXIA: A SILENT ENEMY IN ONCOLOGY**

30



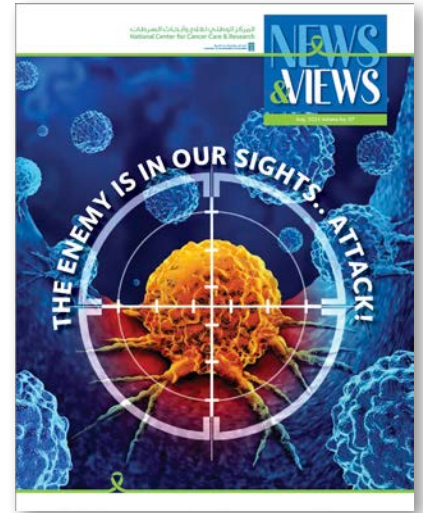
**NAVIGATING CANCER REMISSION: NAVIGATING CANCER REMISSION: KEY INSIGHTS FOR PATIENTS AND FAMILIES**

38



**PIONEERING INNOVATIONS IN HEMATOLOGY AT THE 4TH QATAR INTERNATIONAL HEMATOLOGY CONFERENCE**

المركز الوطني لعلاج وأبحاث السرطان  
National Center for Cancer Care & Research  
عضو من مجموعة طبية  
A Member of Hamad Medical Corporation



Sep. 2024 Volume No. 07



# EDITORIAL BOARD

Senior Editor		<b>Dr. Mohamed Salem Al-Hassan</b>	<ul style="list-style-type: none"> <li>Medical Director &amp; CEO of the National Center for Cancer Care and Research</li> <li>Chair of the Corporate Cancer Program.</li> </ul>
Editor -in- Chief		<b>Dr. Salha Bujassoum</b>	<ul style="list-style-type: none"> <li>Senior Consultant, Hematologist/ Oncologist</li> <li>Chairperson of Medical Oncology and Palliative Care Medicine.</li> <li>Assists Chair of HMC Precision Medicine, NCCCR</li> </ul>
Editorial Advisory Board		<b>Dr. Al Hareth Al Khater</b>	<ul style="list-style-type: none"> <li>Senior Consultant, Medical Oncology - NCCCR</li> <li>Deputy Medical Director of Clinical Affairs, NCCCR</li> </ul>
		<b>Dr. Noora Mohammed Al-Hammadi</b>	<ul style="list-style-type: none"> <li>Senior Consultant &amp; Chair &amp; Radiation Oncology - NCCCR</li> <li>Deputy Medical Director of Administrative Support Services NCCCR</li> <li>Associate Professor, Clinical Radiation Oncology – WCMC-Q</li> </ul>
		<b>Dr. Mohammed Ussama Al Homs</b>	<ul style="list-style-type: none"> <li>Senior Consultant, Medical oncology - NCCCR</li> <li>Deputy Medical Director of Education, Research &amp; Quality, NCCCR</li> </ul>
		<b>Dr. Anas Ahmad Hamad</b>	<ul style="list-style-type: none"> <li>Director of Pharmacy Department, NCCCR</li> <li>Head of Medication Safety &amp; Quality Center, HMC</li> <li>Adjunct Assistant Professor, Qatar University</li> </ul>
		<b>Dr. Honar Cherif</b>	<ul style="list-style-type: none"> <li>Senior Consultant Hematologist</li> <li>Head of Dep of Hematology - NCCCR</li> </ul>
Associate Editor-in- Chief		<b>Dr. Amna Gameil</b>	<ul style="list-style-type: none"> <li>Consultant Hematology / Bone Marrow Transplant</li> <li>Hematology Cpd Officer</li> </ul>
		<b>Dr. Said Dermime</b>	<ul style="list-style-type: none"> <li>Senior Scientist/ Director of Translational Cancer Research Facility- NCCCR</li> <li>Adjunct Associate Professor</li> <li>College of Health and Life Sciences (CHLS), Hamad Bin Khalifa University</li> </ul>
		<b>Dr. Kakil Ibrahim Rasul</b>	<ul style="list-style-type: none"> <li>Senior Consultant, Hematologist/ Oncologist</li> <li>Continuous Professional Development Officer (CPD officer)</li> </ul>
		<b>Mr. Nayel Abdallah Al Tarawneh</b>	<ul style="list-style-type: none"> <li>Assistant Executive Director –Quality and Patient safety</li> <li>A/ Assistant Executive Director – Support Services</li> <li>HSCT Quality Manager</li> <li>JACIE-EBMT Quality Inspector</li> </ul>

Managing Editor		<b>Mr. Eyad Mohd Tubishat</b>	<ul style="list-style-type: none"> <li>• Medical Manager, NCCCR</li> </ul>
Associate Editor-in-Chief		<b>Dr. Azza Adel Hassan</b>	<ul style="list-style-type: none"> <li>• Chief of Palliative Care Medicine – NCCCR</li> <li>• Assistant Professor of Clinical Medicine – Weill Cornell Medical College</li> </ul>
		<b>Dr. HATIM M A EL DERHOUBI</b>	<ul style="list-style-type: none"> <li>• Senior Consultant – NCCCR</li> <li>• Director of Urgent Care Unit – NCCCR</li> </ul>
		<b>Ms. Nima Ahmed Ali</b>	<ul style="list-style-type: none"> <li>• Assistant Executive Director of Nursing, NCCCR</li> </ul>
		<b>Dr. Reem Al Sulaiman</b>	<ul style="list-style-type: none"> <li>• Deputy Chair of the Medical Genetics Department, (HMC)</li> <li>• Consultant in Genetic Counseling in Oncology.</li> </ul>
		<b>Dr. Rabih Hammoud</b>	<ul style="list-style-type: none"> <li>• Chief of Medical Physics, Radiation Oncology – NCCCR</li> <li>• Assistant Professor of Medical Physics Research in Radiation Oncology- Weill Cornell Medicine – Qatar (WCM-Q)</li> </ul>
		<b>Dr. Maria Benkhadra</b>	<ul style="list-style-type: none"> <li>• Clinical Pharmacist, NCCCR</li> </ul>
		<b>Dr. Abdelhamid Afana</b>	<ul style="list-style-type: none"> <li>• Consultant Clinical Psychologist, Psychotherapist,</li> <li>• Medical Technical Consultant,</li> <li>• Head of NCCCR Psychotherapy Unit</li> <li>• Leader; Counseling Services for Medical Residents</li> </ul>
		<b>Dr. Afaf Hani Al Battah</b>	<ul style="list-style-type: none"> <li>• Consultant haematology – National Center for Cancer Care &amp; Research – Hamad Medical Corporation</li> </ul>
Manuscript Editor		<b>HMC Corporate Communications Department</b>	



**Dr. Mohamed Salem Al Hassan,**  
Medical Director & CEO of The National Center  
for Cancer Care and Research  
Chair of the Corporate Cancer Program.

## WELCOME MESSAGE

Welcome to the 7th Edition of the NCCCR Newsletter!

We are delighted to bring you the latest updates and breakthroughs from the National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation. This edition has exciting news, innovative research, and pivotal events that underscore our commitment to advancing cancer care and research in Qatar and beyond.

One of the most significant developments this quarter is launching our new home treatment service for cancer patients. This initiative aims to provide personalized, convenient, and compassionate care to patients in the comfort of their own homes. By reducing the need for hospital visits, we hope to enhance the quality of life for our patients and their families while maintaining the highest standards of medical care.

In the realm of hematology, we are proud to have hosted the 4th Qatar International Hematology Conference. This event brought together leading experts to discuss pioneering innovations in the field, fostering collaboration and knowledge sharing. The conference highlighted cutting-edge research and treatment options transforming hematology practice and improving patient outcomes.

Our commitment to precision medicine was showcased as NCCCR experts participated in the Qatar Precision Medicine Institute launch. This initiative represents a significant step forward in tailoring medical treatment to the individual characteristics of each patient, thereby optimizing therapeutic efficacy and minimizing adverse effects.

At the 4th MENA Metabolic and Genetic Conference 2024, our experts illuminated the event with groundbreaking insights on cancer genetics' ethical, social, and cultural considerations. These discussions are crucial as we navigate the complex landscape of genetic research and its implications for patients and society.

Raising awareness about cancer prevention and early detection remains our top priority. This edition features our Head & Neck Cancer Awareness Campaign, which aims to educate the public about the importance of early diagnosis and the available treatment options. Similarly, we highlight the dramatic increase in long-term survival rates resulting from our lung cancer screening program, underscoring the life-saving potential of early detection.

We are also excited to announce the launch of our new textbook, "Onco-Palliative Care Essentials." This comprehensive guide is vital for healthcare professionals, providing in-depth knowledge and practical strategies for managing oncology and palliative care patients.

We hope you find this edition of the NCCCR newsletter informative and inspiring. We are always grateful for your continued support and dedication to advancing cancer care and research. Together, we are making significant strides towards a healthier future for all.

Warm regards,



# NCCCR SPEARHEADS HEAD & NECK CANCER AWARENESS CAMPAIGN



April 30th —To educate the public about the nuances of Head and neck (H&N) cancers and the criticality of early detection and prevention, the National Center for Cancer Care & Research (NCCCR) organized a comprehensive awareness campaign.

The campaign, held on April 30th, showcased an array of educational materials and interactive displays meticulously designed by the NCCCR nursing department. Visitors were enlightened about the risk factors associated with H&N cancers, including Oral cavity, Throat (pharynx), Voice box (larynx), Paranasal sinuses and nasal cavity, and Salivary gland cancer.

A focal point of the event was a demonstration elucidating the risk factors related to H&N cancers, emphasizing the significance of regular physical examinations, including dental exams encompassing the neck, mouth, and oropharynx assessment. Such examinations are pivotal in prevention and early detection, crucial stages where treatment is most effective.

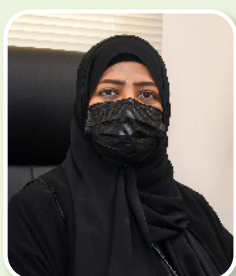
Moreover, healthcare professionals were available at the event, offering free consultations and addressing H&N cancer prevention and treatment queries. The event drew substantial participation from community members, with organizers aspiring to amplify awareness.

Emphasizing the broader mission, organizers expressed hopes that such initiatives would inspire individuals to proactively engage in awareness-raising endeavors and undertake measures to mitigate their susceptibility to these forms of cancer.

This initiative seamlessly integrates into NCCCR's ongoing commitment to enhancing cancer education and prevention in Qatar and the wider region. The Head & Neck Oncology Department at Hamad Medical Corporation (HMC) remains steadfast in its dedication to delivering unparalleled care and ensuring the safety, efficacy, and compassion of every individual diagnosed with H&N cancer.

# ESSENTIAL QUESTIONS

## TO ASK YOUR ONCOLOGIST TO NAVIGATE CANCER TREATMENT WITH CONFIDENCE



**DR. SALHA BUJASSOUM AL-BADER**

Chairperson of Medical Oncology and Palliative Care Medicine, A/Chair of Precision Medicine Committee Clinical Leads of Breast Cancer at NCCCR, and Director of Cancer Genetics

Cancer treatment can bring a fear of the unknown. Here are nine questions to ask your doctor to help you stay informed and confident during and after treatment.

Finding out you have cancer can bring up a range of emotions, from shock and sadness to a fear of the unknown.

Asking your oncologist questions is crucial for understanding your diagnosis and treatment options, providing control, and empowering you during and after treatment.

Here are nine important questions you might consider asking.

### Questions to ask your oncologist

#### 1. Can you explain my diagnosis in more detail?

Asking for a detailed explanation of your diagnosis is important because it helps you understand the specific type and stage of cancer you have.

This may include additional information, such as:

- the specific subtype of cancer (e.g., ductal carcinoma, adenocarcinoma)
- its grade (how abnormal the cancer cells look under a microscope, indicating how quickly the cancer may grow and spread)
- the exact size and location of the tumor
- whether the cancer has spread to lymph nodes or other parts of the body
- other specific characteristics that help guide treatment decisions

#### 2. What are the goals of my treatment?

Understanding your treatment goals helps you know if the main aim is to cure the cancer, control its growth, or manage symptoms. This knowledge guides your treatment decisions and helps you plan for the future.

#### 3. What are the potential risks and benefits of each treatment option?

Knowing the specific risks of each treatment option, like infection or tissue damage from surgery, helps you weigh them against the potential benefits, like tumor removal or elimination of cancer cells.

#### 4. How will this treatment affect my quality of life?

Asking how cancer treatment will affect your quality of life can help you prepare for changes, such as needing to plan meals in advance or managing travel and activity restrictions. Discussing this information with your doctor allows you to plan ahead and make necessary accommodations.

#### 5. Are there any clinical trials I may be eligible for?

Clinical trials can be useful when standard treatments have not worked or if you have a rare cancer that has no standard treatments. By exploring clinical trials, you may find more effective options, have fewer side effects, or target your specific type of cancer more precisely.

#### 6. What support services are available to me during treatment?

Specific support services, such as counseling, nutrition support, pain management, and support groups, can help you cope with the physical, emotional, and practical challenges of cancer treatment.

#### 7. How will we know if the treatment is working?

Knowing the signs of treatment effectiveness allows you to monitor your progress and make informed decisions about continuing or modifying your treatment plan. You can typically tell if a cancer treatment is working by looking for



reduced tumor size on scans, lower levels of tumor markers in blood tests, improved symptoms, and better overall health and energy levels.

#### 8. What are the long-term effects of my treatment, and how will they be managed?

Asking about the long-term effects of your treatment can help you prepare for any potential challenges that may arise. Understanding and preparing for these potential long-term effects can help you take proactive steps to minimize them and maintain your quality of life throughout and after treatment.

#### 9. What is the plan for follow-up care after treatment ends?

Asking about the plan for follow-up care after treatment is important for understanding how to manage your health in the future. Your doctor might outline a schedule for follow-up appointments, tests, and screenings to monitor your health and detect any potential issues early. They may also discuss lifestyle recommendations and ongoing support services to help you transition into life after treatment.

### Who can you ask questions to about your cancer treatment?

You can ask questions about your cancer treatment to:

- **Oncologists:** These cancer specialists can provide information about your specific type of cancer, treatment options, and potential side effects.
- **Primary care physicians** coordinate your overall care, address general health concerns, and offer ongoing support.
- **Nurses:** Oncology nurses can help with day-to-day care, managing side effects, and providing emotional support.
- **Dietitians:** They offer diet and nutrition guidance to maintain strength and manage treatment side effects.
- **Support groups:** Connect with others who have similar experiences for information and emotional support.
- **Loved ones:** Family and friends can provide emotional support, help track information, and accompany you to appointments.

### Tips for asking questions about your cancer treatment

When asking questions about your cancer treatment, being prepared and proactive is important. Here are some tips:

- **Prepare your questions:** Write down any questions or concerns you have before your appointment. This ensures you don't forget anything.
- **Bring a notebook:** Bring a notebook or use your phone



to take notes during your appointment. This helps you remember the information discussed.

- **Bring a loved one:** Having a trusted friend or family member with you can provide support and help you remember details from the appointment.
- **Be specific:** Ask specific questions about your diagnosis, treatment options, side effects, and follow-up care.
- **Ask for clarification:** If you don't understand something, don't hesitate to ask your doctor to explain it in simpler terms.
- **Be honest** with your healthcare team about your symptoms, concerns, and any alternative therapies you are considering.
- **Follow up:** If you have questions after your appointment, don't hesitate to contact your healthcare professional or their office for clarification.

Asking questions during your cancer treatment is crucial. It helps you understand your treatment plan, eases fear of the unknown, and empowers you to make decisions about your care.

Your healthcare team is there to support you. Staying engaged can help you manage side effects, anticipate changes, and maintain your quality of life.

# SYMPOSIUM ON MYELOPROLIFERATIVE NEOPLASMS (MPN)



The Hematology team at the National Center for Cancer Care and Research (NCCCR) recently hosted a highly successful symposium on Myeloproliferative Neoplasms (MPN) on May 11th. This event marked a significant achievement for our team and showcased our commitment to advancing the understanding and treatment of MPNs.

The symposium, held at the Qatar Cancer Society, was chaired by Dr. Mohamed Yassin and featured an impressive lineup of local and regional experts in hematology. Our distinguished guest speakers included Dr. Salam Alkindi from Oman, Dr. Muna Hussein from UAE, Dr. Murtadha Al Khabori from Oman, and Dr. Mona Al Rasheed from Kuwait. Their contributions were invaluable, providing attendees with insights into the latest advancements and practical experiences in MPN management.

The event kicked off with an opening remark by Dr. Mohamed Yassin, followed by a series of informative sessions. Dr. Susanna Akiki presented updates on Molecular Monitoring with insights from the ELN 2023 guidelines. Dr. Salam Alkindi discussed the unmet needs and guidelines perspective for Chronic Myeloid Leukemia (CML). The symposium also featured a hands-on session on Scemblix led by Dr. Muna Hussein, offering practical knowledge and experiences in its application.

After a brief Q&A session and a break, the focus shifted to Myelofibrosis (MF) with Dr. Shehab Fareed discussing treatment optimization with Jakavi, followed by Dr. Murtadha Al Khabori sharing hands-on experience with Jakavi in MF treatment. The importance of timely intervention in Polycythemia Vera (PV) was highlighted by Dr. Anil Yousaf, and Dr. Mona Al Rasheed concluded the sessions with insights from the MAJIC PV study and Jakavi hands-on experience.

The symposium witnessed a remarkable turnout, reflecting the high level of interest and commitment to advancing MPN treatment and research. The organization of the event was commendable, ensuring a smooth and engaging experience for all attendees. The success of this symposium underscores the importance of continued collaboration and knowledge sharing among the hematology community.

We extend our heartfelt gratitude to all the speakers, participants, and organizers who made this symposium a resounding success. We look forward to future events that will continue to drive progress in the field of hematology.

The NCCCR remains dedicated to fostering a collaborative environment that promotes the latest research and advancements in hematology, ensuring the best outcomes for patients.



# (NCCCR) HAS LAUNCHED A NEW HOME TREATMENT SERVICE FOR CANCER PATIENTS



Dr. Al-Hassan: The new service is part of Qatar Cancer Plan 2023-2026, which includes providing home care for some cases of cancer patients.

The National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation launched a new treatment service for Qatari men and women with prostate cancer and breast cancer, to give them the scheduled chemotherapy injections at home by a trained nursing team, in order to relieve patients of the hassle of going to the center to get the injections on their scheduled dates according to the treatment plan for each one of them.

Dr. Mohamed Salem Al-Hassan, Medical Director and CEO of the National Center for Cancer Care and Research and Head of Cancer Services at Hamad Medical Corporation, confirmed the start of providing one of the chemotherapy treatments to patients at home in the beginning of this Ramadan, in accordance with Qatar Cancer Plan 2023-2026, which includes providing home care for some cases of cancer patients.

Dr. Al-Hassan praised His Highness the Emir of Qatar and the government for making all cancer treatments available to citizens and residents free of charge, pointing out that the initiative to provide chemotherapy injections to patients at home was implemented under the guidance of Her Excellency the Minister of Public Health.

Dr. Al-Hassan said that the patients to whom this home treatment is provided must be bedridden, or patients over the age of 65, or those who cannot reach the hospital to receive it, in order to get the treatment at home and not only nursing care.

Dr. Al-Hassan added that a medical team consisting of doctors and nurses has been allocated to visit the patient and evaluate the condition with the aim of providing injection treatment at the patient's home, noting that home treatment is provided every Saturday. "We began providing home treatment for cancer patients as part of Qatar Cancer Plan, which aims to treat all cancer patients in Qatar. 40 patients with breast cancer and prostate cancer have benefited from the home chemotherapy service, and we have been able to provide treatment to all these patients in their homes. With this step, we eliminate one of the challenges we have been working on, which is the inability of the elderly to come to the center or the preference of some to receive treatment at home", Dr. Al-Hassan said.

Dr. Al-Hassan confirmed that as part of future plans, the Center seeks to provide this type of home treatment on a daily basis to all cancer patients and to include other types of cancer, which would relieve cancer patients of the burden of reaching the hospital to receive treatment. He also indicated that there is another service for cancer patients that the center began providing a year ago, which is home treatment service for elderly patients whose treatment programs have ended, and they are in the palliative treatment stage, where the home visit includes dressing wounds and ulcers, pain relief, and nursing care.

Dr. Al-Hassan added that there are many plans to increase the quality of cancer treatments, stressing that Qatar Cancer Plan 2023-2026 aims to enhance the quality of current services, adopt innovative and patient-friendly technology, and introduce new national programs for early cancer detection in Qatar.

It is noteworthy that the number of outpatient clinic visitors at the National Center for Cancer Care and Research is approximately 6,000 visitors per month, including periodic follow-up cases and new medical cases.



## NCCCR EXPERTS ILLUMINATE 4<sup>TH</sup> MENA METABOLIC AND GENETIC CONFERENCE 2024

WITH GROUNDBREAKING INSIGHTS ON CANCER GENETICS' ETHICAL, SOCIAL, AND CULTURAL CONSIDERATIONS.

In a dazzling display of expertise and innovation, National Center for Cancer Care and Research (NCCCR) luminaries took center stage at the prestigious MENA Metabolic and Genetic Conference 2024, chaired by Chief of Genetic and Genomic Medicine at Sidra Medicine, Dr. Tawfeg Ben Omran. Held from May 9-11, this conference provided a platform for sharing groundbreaking insights into the updates on the management, prevention, and ethical considerations

concerning metabolic and genetic disorders in the MENA region. Dr. Salha Bujassoum Al-Bader, renowned Senior Consultant Hematologist/Oncologist and Chairperson of Medical Oncology and Palliative Care Medicine at NCCCR captivated audiences with her profound knowledge of cancer genetics. Dr. Al-Bader, who also chairs the Precision Medicine Committee and serves as the Clinical Lead for Breast Cancer, delivered enlightening presentations on the intricacies of



# MENA Metabolic & Genetic Conference

May 2024 | Doha, Qatar

المؤتمر الاستراتيجي الرابع  
للشرق الأوسط وشمال  
أفريقيا في الأمراض  
الجينية والتمتبولية



cancer genetics, highlighting the latest advancements and future directions in the field.

Joining her was the esteemed Dr. Reem Jawad Al-Sulaiman, a Senior Consultant Genetic Counselor in Medical Oncology at NCCCR. Dr. Al-Sulaiman, the interim Deputy Chair of the Medical Genetics Department at Hamad Medical Corporation (HMC), discussed the ethical, social, and cultural dilemmas concerning cancer genetics in the MENA region and the strategies to mitigate such issues in clinical practices. Her insights into cancer genetic counseling and ethics underscored genetics's pivotal role in oncology. This was echoed by guest speaker Dr Abeer Alsayegh, senior consultant of medical and cancer genetics from Sultan Qaboos Comprehensive Cancer Care and Research Center, Oman, who enriched the session and shed light on the common ethical dilemmas faced in the region.

Adding to the stellar lineup was Dr. Amna Gameil, a distinguished

consultant in hematology/BMT. Dr. Gameil's expertise in the field of familial hematological cancers enriched discussions and provided invaluable perspectives on overcoming ethical challenges faced by practitioners in the field.

The MENA Metabolic and Genetic Conference 2024 was a beacon of knowledge and collaboration. Attendees gained a comprehensive overview of the latest metabolic and genetic disorders developments, from diagnostic breakthroughs to therapeutic innovations. The conference also offered ample networking and professional development opportunities, allowing participants to connect with regional peers.

As the curtains draw on this remarkable event, the impact of the insights shared and the connections forged will continue to reverberate throughout the medical community. Join us in celebrating the success of the MENA Metabolic and Genetic Conference 2024, and stay tuned for future endeavors to advance healthcare excellence.

# UNDERSTANDING AND ADDRESSING STIGMA IN CLINICAL ONCOLOGY



**DR. FRANCOIS CALAUD**

• Senior Consultant Oncologist NCCCR

In the world of healthcare, particularly in oncology, stigma can have profound effects on patients' experiences and outcomes. Stigma, often stemming from societal misconceptions and prejudices, can manifest in various forms, from subtle biases to outright discrimination. In the context of clinical oncology, where patients are already grappling with the physical and emotional challenges of cancer, the impact of stigma can be especially detrimental.

## What is Stigma in Clinical Oncology?

Stigma in clinical oncology refers to the negative attitudes, beliefs, and stereotypes associated with cancer and those affected by it. This stigma can arise from misconceptions about the causes of cancer, fear of contagion, or judgments about lifestyle choices. Additionally, certain types of cancer

may carry specific stigmas due to cultural or societal factors. For example, lung cancer is sometimes unfairly linked with smoking, leading to blame and judgment against patients.

## The Consequences of Stigma

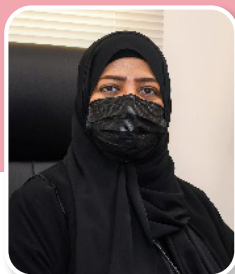
The consequences of stigma in clinical oncology are far-reaching. Patients may feel ashamed or embarrassed about their diagnosis, leading them to delay seeking medical care or disclosing their illness to others. Fear of judgment can also impact patients' mental health, contributing to feelings of isolation and distress. Moreover, stigma can affect healthcare providers' attitudes and behaviors toward patients, potentially leading to disparities in care.

## Breaking Down Stigma: Education and Awareness

Education and awareness are among the most effective ways to combat stigma in clinical oncology. By challenging misconceptions and promoting understanding, we can help dispel the myths surrounding cancer and those affected by it. Education should encompass not only patients and their families but also healthcare providers and the wider community.



# UNDERSTANDING BREAST CANCER LUMPS: WHAT YOU NEED TO KNOW



**DR. SALHA BUJASSOUM AL-BADER**

Chairperson of Medical Oncology and Palliative Care Medicine, A/Chair of Precision Medicine Committee Clinical Leads of Breast Cancer at NCCCR, and Director of Cancer Genetics

Discovering a breast lump can be a daunting experience for anyone. While the immediate concern often turns to breast cancer, it's essential to understand that not all breast lumps are cancerous. However, being vigilant and knowing what to look for can significantly aid early detection and timely treatment. In this comprehensive guide, we'll delve into the nuances of breast cancer lumps, other signs to watch out for, and the crucial steps to take if you suspect a problem.

## Identifying Breast Cancer Lumps

A breast lump associated with cancer typically feels firm or hard and may exhibit irregular edges. Unlike benign lumps, cancerous ones remain immobile under the skin and may exhibit growth over time. Although breast cancer lumps commonly occur in the upper outer quadrant of the breast, they can manifest in various locations.

## Additional Warning Signs

Apart from lumps, several other indicators might suggest breast cancer. These include thickening or swelling of breast tissue, skin abnormalities such as redness or dimpling, nipple changes, and unusual discharge. While these symptoms can be alarming, it's crucial to remember that they can also stem from benign conditions. Consulting a healthcare professional for proper evaluation is imperative.

## Monthly Self-Checks

Healthcare experts recommend regular breast self-exams to familiarize oneself with the normal texture and appearance of breast tissue. Although the American Cancer Society does not advocate routine self-exams for average-risk women, it emphasizes the importance of being breast-aware. Performing a monthly self-check following specific guidelines can facilitate the early detection of abnormalities.

## Seeking Medical Attention

While most breast lumps turn out to be noncancerous, it's essential to promptly consult a doctor if you notice any concerning changes in your breasts. This includes persistent lumps, breast size or shape alterations, skin abnormalities, or nipple discharge. Early medical intervention significantly improves the prognosis for breast cancer.

## Diagnostic Procedures

Upon visiting a healthcare provider, various diagnostic tests may be recommended to ascertain the nature of the breast lump. These may include imaging tests such as ultrasound, mammogram, or MRI, followed by a biopsy if necessary. Biopsy procedures involve extracting a tissue sample for microscopic examination, providing definitive insights into the presence of cancer.

## Treatment and Prognosis

Timely detection and appropriate treatment are pivotal in combating breast cancer. While the diagnosis may evoke fear, advancements in medical science offer numerous effective treatment options. Additionally, understanding the type and stage of breast cancer enables healthcare professionals to tailor treatment plans for optimal outcomes.

Breast cancer remains a significant health concern, but early detection remains our most potent weapon against it. By staying vigilant, performing regular self-exams, and seeking timely medical attention, individuals can enhance their chances of detecting breast cancer at an early, more treatable stage. Remember, knowledge and proactive healthcare are our strongest allies in the fight against breast cancer.

# NCCCR

## CELEBRATES THIRD JCIA ACCREDITATION, HONORING EXCELLENCE IN GLOBAL CANCER CARE AND RESEARCH»

NCCCR celebrated the excellent performance and achievement of obtaining the academic health system accreditation for the third time by joint commission international (JCIA), such a prestigious accreditation is a remarkable achievement that put the National center for cancer care and research on the global map for the recognized centers for cancer care and research focusing on high quality care, research and education.

Dr. Mohd Salim Al Hassan, CEO and medical director thanked all of the members of all levels for all departments for their contributions toward this success and achievement.

Prestigious and appreciation certificates distributed for their efforts and best care ever the rendering for our patients and

support for patients families.

Dr. Noora Alhamadi , chair of radiation oncology and deputy medical director for administration and support services along with Mr. Nayel Altarawneh assistant executive director of quality and patient safety who led this success emphasized on the teamwork, clear communication between all of the healthcare professionals, patients and their families, great support of support services who showed real commitment and dedication toward reaching their goals by achieving the best possible outcomes that was recognized by scoring 99% in the compliance towards the required JCIA standards and measurable elements.





# HEMATOLOGY FELLOWS ACHIEVE OUTSTANDING SCORES IN ASH IN-TRAINING EXAM



In a remarkable display of dedication and hard work, the hematology fellows at our hospital have achieved outstanding scores in this year's in-training ASH exam. This accomplishment underscores their relentless effort and unwavering commitment to excellence in both their studies and clinical responsibilities.

The success of our fellows is not only a personal triumph but also a testament to the exceptional guidance and support provided by our esteemed faculty members. The faculty's dedication to the education and professional development of our fellows has been instrumental in fostering an environment that promotes excellence and prepares them to excel in their medical careers.

We would also like to extend our deepest gratitude to the leadership of the hematology department and the hospital administration. Their unwavering support and visionary

guidance have been critical in providing the resources and environment necessary for our program's success.

Program Director [Your Full Name] expressed heartfelt gratitude to the educational team and faculty members, acknowledging their invaluable contributions to the program's success. "Our faculty's unwavering commitment has played a pivotal role in shaping a program that prepares our fellows to achieve such high standards," said [Your Last Name].

To celebrate this significant achievement, a special Fellow Day event will be held after the summer vacation. This event will bring together the entire department to recognize and honor the hard work and accomplishments of our fellows, as well as the incredible efforts of our faculty and staff.

This achievement highlights the collaborative effort and dedication of both the fellows and the faculty, marking a proud moment for our hospital's hematology program.



# WHAT CANCER TAKES AWAY



**MR. EYAD MOHD TUBISHAT**

• Medical Manager, NCCCR

Cancer is a thief. It stealthily infiltrates lives, often unannounced, and begins its relentless process of taking. It doesn't just steal health; it takes pieces of identity, plans for the future, and the comforting routines of daily life. As someone who has journeyed through the labyrinth of cancer, I can tell you firsthand about the myriad ways this disease reshapes existence.

One of the first things cancer takes away is the illusion of invincibility. Most of us walk through life with a subconscious belief that we are somehow immune to serious illness. We plan, dream, and live with an expectation of continuity. Cancer shatters this illusion. It reminds us of our mortality,

our fragility. The diagnosis alone is enough to rip away the comfortable blanket of denial that we wrap ourselves in, forcing us to confront the stark reality of our vulnerability.

Cancer also takes away time. Time spent in doctors' offices, undergoing tests, waiting for results, and enduring treatments. Time that could be spent with loved ones, pursuing passions, or simply enjoying the normalcy of everyday life. Each chemo session, each radiation treatment, and each surgical procedure demands a chunk of your time, often leaving you exhausted and depleted. The hours, days, and sometimes years lost to fighting the disease are something you can never get back.

For many, cancer takes away physical strength and vitality. The treatments designed to kill cancer cells also wreak havoc on the body. Chemotherapy, radiation, and surgeries leave lasting scars—both visible and invisible. Simple tasks become Herculean efforts. Walking up a flight of stairs feels





like climbing a mountain. The body that once felt strong and capable becomes a source of betrayal and frustration.

Moreover, cancer takes away the ability to plan for the future with certainty. Long-term goals and dreams are overshadowed by the immediate need to survive. Will you be well enough to attend your daughter's graduation next year? Can you go on that dream vacation you've been planning? Cancer inserts a question mark where there once was a period. The unpredictability of the disease makes it difficult to look too far ahead, turning future aspirations into tentative hopes rather than assured realities.

Emotionally, cancer is an insidious thief. It steals peace of mind and replaces it with anxiety and fear. The constant worry about recurrence looms like a dark cloud. Every ache and pain becomes a potential sign of the cancer's return. This emotional toll can be as debilitating as physical challenges, leading to sleepless nights and a constant state of hypervigilance.

Cancer also has a way of taking away a sense of normalcy. The routines that once provided structure and comfort are disrupted. Work, hobbies, social activities—all these aspects of life are often put on hold or significantly altered. There's a new normal to adapt to, one that revolves around medical appointments, treatment schedules, and recovery periods.

This shift can lead to feelings of isolation and a sense of being disconnected from the life you once knew.

Relationships are not immune to cancer's theft. The dynamics between friends, family, and even colleagues can change dramatically. Some people draw closer, offering unwavering support and understanding, while others may drift away, unable to cope with the situation's intensity. The disease tests the strength of bonds, revealing both the fragility and resilience of human connections.

Yet, amidst all that cancer takes away, it also reveals the indomitable human spirit. It shows us the depth of our strength and resilience. It brings into sharp focus what truly matters in life—love, connection, and the preciousness of each moment. While cancer may steal many things, it can also illuminate the extraordinary capacity for courage and grace within us.

In conclusion, cancer is a relentless thief that takes away health, time, physical strength, peace of mind, normalcy, and, sometimes, relationships. But it also serves as a powerful reminder of our resilience and the importance of cherishing every moment. It strips away the superficial, leaving behind a raw, unfiltered appreciation for life and the people who make it meaningful.


# 7 ESSENTIAL TIPS

## FOR MAINTAINING STRONG BONES DURING BREAST CANCER TREATMENT



**DR. MUFID M. EL MISTIRI**

• Senior Consultant Oncologist NCCCR



Breast cancer treatment can significantly impact bone health, leading to bone loss and increasing the risk of osteoporosis and fractures. However, you can take proactive steps to mitigate these risks. Here are seven strategies to maintain strong and healthy bones during breast cancer treatment.



### 1. Take Prescription Medications Recommended by Your Doctor



Your doctor might prescribe medications that help maintain bone strength during breast cancer treatment. Bisphosphonates, such as risedronate, zoledronic acid, alendronate, and ibandronate, can reduce bone loss and fracture risk in postmenopausal women with estrogen-receptor-positive breast cancer who are on aromatase inhibitors. Raloxifene, a selective estrogen receptor modulator, is another option for treating and preventing osteoporosis in postmenopausal individuals. Additionally, denosumab, a targeted therapy drug, can reduce the risk of bone complications in advanced-stage breast cancer.

### 2. Participate in Weight-Bearing and Resistance Exercise



Engaging in weight-bearing exercises, which require your bones to support your weight, can significantly strengthen your bones. Activities such as walking, jogging, dancing, hiking, stair climbing, and racquet sports are excellent choices. Resistance exercises, like lifting weights, are also crucial for bone health. Combining weight-bearing aerobic activities and resistance training at least three to four days per week for 30 to 60 minutes can help preserve bone health. This regimen also aligns with the Department of Health and Human Services recommendation of 150 to 300 minutes of moderate-intensity aerobic activity per week.

### 3. Get Enough Vitamin D and Calcium



Adequate intake of vitamin D and calcium is vital during breast cancer treatment. Vitamin D can be sourced from supplements, diet, and sunlight exposure. Experts generally recommend 600 IU per day for individuals up to age 70 and 800 IU per day for those over 70. Calcium intake should be 1,000 milligrams (mg) per day for individuals aged 19 to 30 and 1,200 mg per day for women aged 51 to 70. Foods rich in vitamin D include sardines, cod liver oil, salmon, and vitamin D-fortified products, while calcium-rich foods include dairy products, green leafy vegetables, and calcium-fortified cereals.

### 4. Eat a Nutrient-Rich Diet



A balanced, nutrient-dense diet can support bone health during breast cancer treatment. The Dietary Guidelines for Americans recommend a diet rich in vegetables, fruits, whole grains, low-fat dairy, lean proteins, omega-3 fatty acids, and foods high in vitamin D and calcium. This diverse diet ensures you receive essential nutrients that contribute to overall bone health.

### 5. Talk with Your Doctor About Smoking Cessation



Smoking is directly linked to decreased bone density and an increased risk of osteoporosis and fractures. Nicotine adversely affects bone-forming cells, slowing the healing process of fractures. If you smoke, consult your doctor about a smoking cessation program. Quitting smoking is crucial, significantly during breast cancer treatment, to improve bone health and overall well-being.

### 6. Consider Reducing Alcohol Intake



Excessive alcohol consumption can negatively impact bone density and overall health. Studies have shown that individuals who consume one to two drinks per day have a higher risk of developing osteoporosis compared to non-drinkers. Reducing alcohol intake can help maintain bone strength. Discuss with your doctor ways to moderate your alcohol consumption, particularly in relation to your treatment plan.

### 7. Stay Up-to-Date on Bone Density Testing



Regular bone density testing is essential to monitor your bone health before and during breast cancer treatment. A baseline bone density test before starting treatment, followed by periodic testing every one to two years, can help track bone loss. The dual-energy X-ray absorptiometry (DEXA) scan is a standard bone density test that measures bone mineral density at vulnerable sites such as the hips, spine, and wrists.

While bone loss during breast cancer treatment may be unavoidable, you can take steps to slow down the process and maintain bone health. By following these seven strategies—medications, exercise, adequate vitamin D and calcium intake, a nutritious diet, avoiding smoking and excessive alcohol, and regular bone density testing—you can help protect your bones during this challenging time. Always consult with your healthcare provider to tailor these recommendations to your specific needs and treatment plan.

# PAROXYSMAL

## NOCTURNAL HEMOGLOBINURIA: A COMPREHENSIVE GUIDE TO ITS GENETIC MUTATION, CLINICAL FEATURES, AND ADVANCED DIAGNOSTIC METHODS”



**Dr. Firyal Ibrahim**

- Hematopathology-senior Consultabt
- Head of Hematopathology Division/ Departments of Laboratory Medicine & Pathology
- Director of NCCCR laboratory

Paroxysmal nocturnal hemoglobinuria (PNH) is an acquired, life-threatening hematopoietic stem cell disease that progressively affects multiple body systems. It is a rare disease with an estimated incidence of 1.3 new cases per one million individuals annually.

PNH arises from a mutation in the phosphatidylinositol glycan-class A (PIG-A) gene located on the X chromosome. The mutated PIGA gene in affected hematopoietic stem cells results in a lack of glycosylphosphatidylinositol (GPI) anchors, which normally hold certain types of proteins to the cell surface. As a result, progeny of the affected stem cells, such as erythrocytes, platelets, and leukocytes, are deficient in all GPI-anchored proteins (GPI-AP). The deficiency leads to increased complement activation and membrane attack complex (MAC) formation on cell membranes.

Clinically, PNH has three distinctive clinical features that vary greatly from patient to patient and during the course of the disease. First, there is complement-mediated and predominantly intravascular hemolysis that gives rise to many of the clinical manifestations of the disease, including anemia, hemoglobinuria, dysphagia, chronic renal failure, and pulmonary hypertension. Second, a characteristic thrombotic tendency can be life-threatening and occurs not only in the extremities but also in unusual anatomical locations, such as the hepatic portal (Budd-Chiari Syndrome), splenic, or mesenteric veins. Third, there is underlying bone marrow failure,



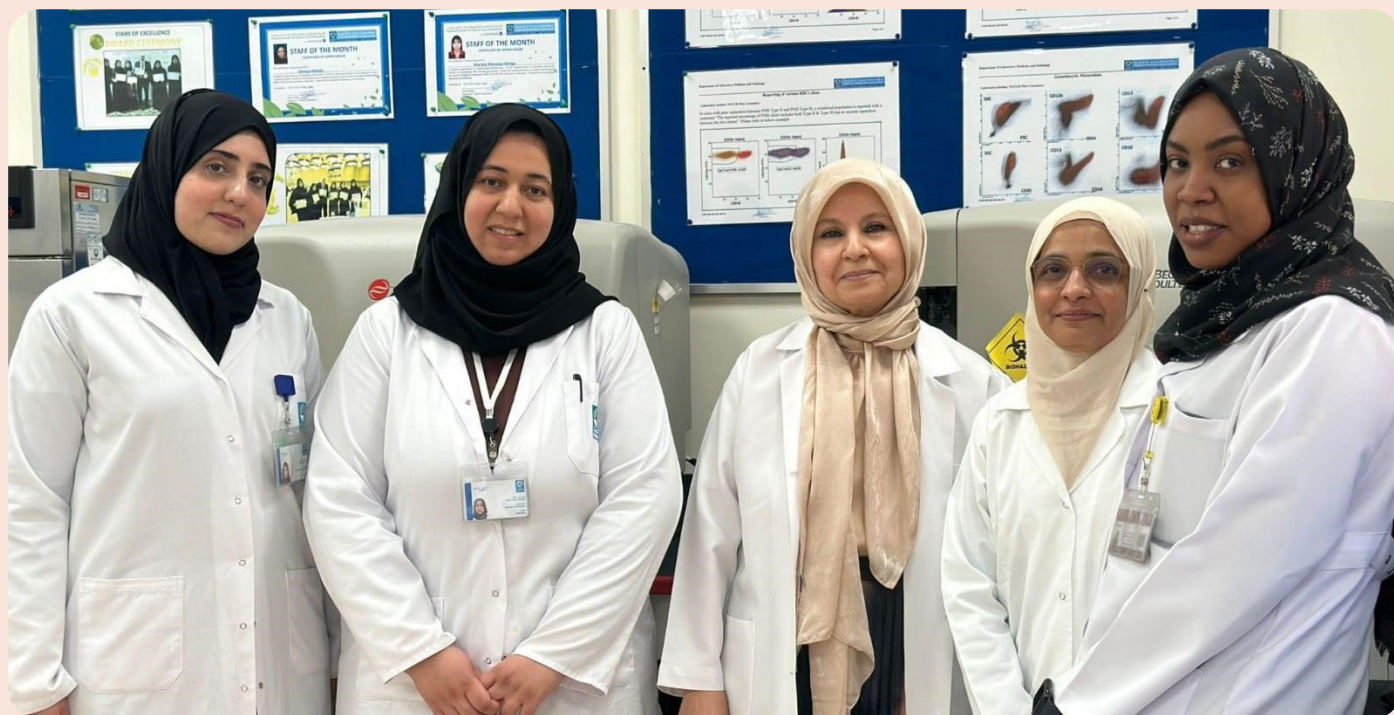
It occurs to some degree in all patients and presents as immune-mediated severe aplastic anemia in its most extreme form.

A classification scheme for PNH has been proposed by the International PNH Interest Group (I-PIG) that covers the spectrum of disease presentation, including:

1. Classic PNH: characterized by clinical evidence of intravascular hemolysis in the presence of large PNH clones.
2. PNH with another bone marrow (BM) disorder: there is evidence of hemolysis and primary bone marrow disorder. The most common BM disorders that occur with PNH include aplastic anemia (AA), myelodysplastic syndrome (MDS), and primary myelofibrosis (PMF)
3. Subclinical PNH: there is no clinical or laboratory evidence of hemolysis

**Diagnosis:** PNH is usually diagnosed based on clinical signs, symptoms, and laboratory data.





Multiparametric flow cytometry on peripheral blood is considered the gold standard test for diagnosing and monitoring PNH. This test can evaluate a variety of GPI-anchored proteins with high sensitivity and specificity. It uses several monoclonal antibodies for GPI-anchored proteins, in addition to the use of a reagent called fluorescent aerolysin (FLAER), which is a fluorochrome-conjugated inactive variant of the bacterially derived channel-forming protein aerolysin that can bind specifically to GPI-anchors.

Two GPI-linked proteins, red blood cells and leukocytes (granulocytes and monocytes), should be tested for a more precise diagnosis.

PNH can be identified by these GPI-anchored proteins' lack or diminished expression.

Based on the extent of expression of the GPI anchored protein, cells are classified into types 1, 2, or 3, where type 1 cells have a regular expression of GPI anchor proteins, type 2 has a partial deficiency, and type 3 lacks all GPI anchor proteins. The PNH clone size in WBCs is typically used to determine the extent of the disease.

Two types of flow cytometry tests are available: low sensitivity and high sensitivity. Although low-sensitivity flow cytometry tests may be sufficient for diagnosing PNH, a high-sensitivity test is better at picking up PNH with another bone marrow disorder.

The Flow Cytometry Laboratory, located in the National Center for Cancer Care & Research (NCCCR) as part of the Department of Laboratory Medicine and Pathology in Hamad

Medical Corporate, is the only laboratory in the state of Qatar that provides flow cytometry testing for diagnosis and monitoring of PNH. The laboratory uses a high-sensitivity assay of 0.01% for red cells, 0.1% for granulocytes, and 0.5% for monocytes.

The Immunophenotypic analysis is performed using 2-5 color panel in three tube assay: one for red cells using a gating antibody CD235a and GPI-linked antibody (CD59), second tube for granulocytes using CD45, CD15 & CD33 for gating and GPI-linked antibody (CD24) plus FLAER and third tube for monocytes using CD45, CD33 & CD64 for gating and GPI-linked antibodies (CD14) and FLAER.

The assay is performed using state-of-the-art multiparametric Navios EX flow cytometry instruments and software by a team of highly qualified, well-trained, and robust expert Hematopathologists and medical technologists.

## References

Shah N, Bhatt H. Paroxysmal Nocturnal Hemoglobinuria. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK562292/>

Illingworth A, Marinov I, Sutherland DR, Wagner-Ballon O, DelVecchio L. ICCS/ESCCA consensus guidelines to detect GPI-deficient cells in paroxysmal nocturnal hemoglobinuria (PNH) and related disorders part 3 - data analysis, reporting and case studies. *Cytometry B Clin Cytom*. 2018 Jan;94(1):49-66. Doi: 10.1002/cyto.b.21609. PMID: 29236350.

# LAUNCHING OF NEW TEXTBOOK FOR ONCOLOGY AND PALLIATIVE CARE “ONCO-PALLIATIVE CARE ESSENTIALS”



**DR. AZAR NAVEEN SALEEM**

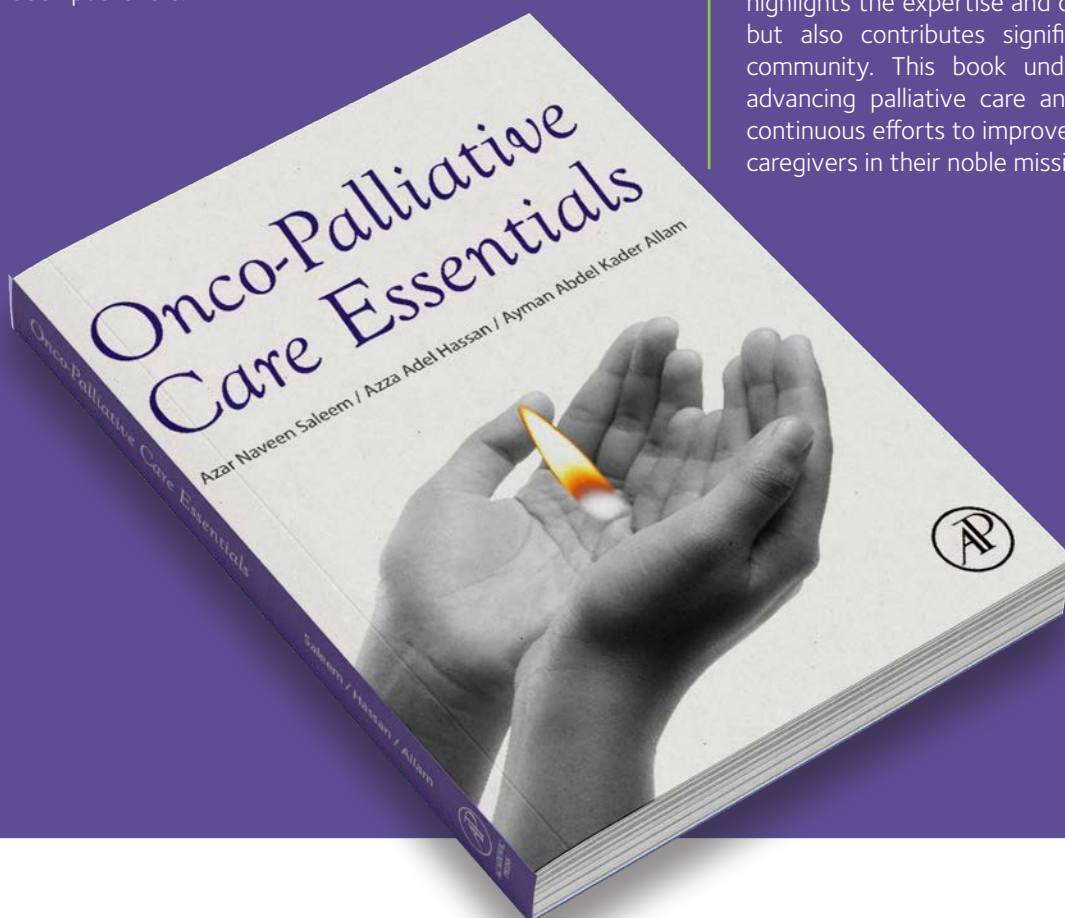
• Associate Consultant - Palliative Care

We are thrilled to announce the launch of the groundbreaking textbook, “Onco-Palliative Care Essentials” (ISBN: 9780443134517), authored by esteemed doctors Dr. Azar Naveen Saleem, Dr. Azza Adel Hassan, and Dr. Ayman Allam. This publication marks a proud moment for Hamad Medical Corporation (HMC) and Qatar, as the book is published by Elsevier Academic Press, one of the world’s leading medical book publishers.

This monumental achievement is a testament to the dedication and expertise of our authors, who have excelled under the leadership of Dr. Mohamed Salem Jaber Al-Hassan, Medical Director of NCCCR, Dr. Salha Bujassoum Al-Bader, Chairperson of Medical Oncology and Palliative Care Department, and the entire NCCCR leadership team. Their unwavering support and guidance have been instrumental in bringing this project to fruition.

“Onco-Palliative Care Essentials” provides comprehensive insights and practical guidance on the integration of oncology and palliative care, addressing the critical need for holistic patient management. The book emphasizes innovative approaches, evidence-based practices, and compassionate care strategies, aiming to enhance the quality of life for cancer patients worldwide.

Let us celebrate this remarkable milestone, which not only highlights the expertise and dedication within our institution but also contributes significantly to the global medical community. This book underscores our commitment to advancing palliative care and stands as a beacon of our continuous efforts to improve patient outcomes and support caregivers in their noble mission.





# LUNG CANCER

## SCREENING DRAMATICALLY INCREASES LONG-TERM SURVIVAL RATE



**Dr. Abdul Rehman Zar Gul**

• Senior Consultant-NCCCR

Recent research highlights a significant breakthrough in lung cancer detection and survival. Early screening has been shown to improve the 5-year survival rate for lung cancer patients dramatically. Despite this promising development, many high-risk individuals are not getting screened early enough, leading to a persistently low overall survival rate.

Lung cancer remains the leading cause of cancer death for both men and women. However, reports indicate a decline in lung cancer rates due to a reduction in smoking, advancements in treatments for non-small cell lung cancer, and increased early screening efforts. Nevertheless, the average 5-year survival rate for lung cancer remains at a modest 23%, according to the SEER database of the National Cancer Institute. A significant factor contributing to this low survival rate is the lack of early screening among high-risk individuals.

According to the American Lung Association, only 16% of lung cancers are diagnosed at an early stage when treatment is more likely to be effective. Tragically, more than half of lung cancer patients die within a year of diagnosis. The primary recommended screening test for lung cancer is low-dose computed tomography (LDCT), also known as a low-dose CT

scan. The U.S. Preventive Services Task Force recommends annual LDCT screenings for individuals aged 50 to 80 with a history of heavy smoking, those who currently smoke, or those who have quit within the past 15 years.

A recent 20-year international study presented at the Radiological Society of North America's annual meeting highlighted the key finding that individuals who undergo early screening and detect lung cancer early have a significantly higher chance of long-term survival.

The simplicity of the screening process was emphasized, which involves staying in street clothes, holding one's breath for a single breath hold, and undergoing a scan with a radiation dose comparable to or lower than that of a mammogram.

Innovations in lung cancer screening are also emerging, including liquid biopsies, which are blood tests that identify biomarkers indicating the presence of cancer. Experts emphasize the need for less invasive screening options that are accurate, easy to administer, and complement existing standards of care, thereby improving patient outcomes and reducing time, cost, risk, and stress.

In summary, early screening for lung cancer significantly improves long-term survival rates. While advancements in screening technologies like LDCT and liquid biopsies are promising, increasing awareness and participation in early screening programs is crucial. By doing so, we can save more lives and further reduce the devastating impact of lung cancer.

# CAN ANYONE ACCEPT HAVING CANCER? NOT JUST ACCEPTANCE, PSYCHOLOGICAL ADJUSTMENT



## DR. ABDELHAMID AFANA

- Consultant Clinical Psychologist, Psychotherapist
- Medical Technical Consultan
- Head of NCCCR Psychotherapy Unit

**The 35-year-old female patient with Breast Cancer said, "I am not saying that I am accepting cancer; I am just acknowledging it".**

Cancer is a life-altering diagnosis that affects millions of people worldwide each year. While the immediate concern often revolves around treatment options and physical health, a more profound and equally critical aspect deserves attention, which is the psychological adjustment to this new reality. Many people talk about "accepting" cancer, but in truth, it's about much more than acceptance. It's about acknowledging, adjusting, and modifying the individual life to cope with this profound change.

### Understanding Acceptance and Psychological Adjustment

When we hear stories of cancer patients, the word "acceptance" frequently comes up, that cancer patients have to accept their disease. However, acceptance can be misleading if it suggests a passive resignation to one's fate. Who on earth would accept being injured or having even a skin wound?

The fact is that acceptance is complex and can vary depending

on individual perspectives and experiences. It typically refers to acknowledging and coming to terms with the reality of the diagnosis and its implications. However, how patients perceive and interpret acceptance can differ significantly, which can be crucial to psychological adjustment, managing emotions, finding ways to live meaningfully, and adapting to new realities. Acceptance is the concept of multifaceted and varies widely among individuals, but generally involves:

- Coming to terms with the disease.
- Adapting to new life circumstances.

Finding ways to cope with the emotional and physical changes brought about by the illness.

As mentioned, acceptance is not a single and easy state to reach but rather a dynamic and ongoing process. It encompasses three major aspects, namely.

1. Cognitive Acceptance: Recognizing the reality of the diagnosis and its consequences.
2. Emotional Acceptance: Processing and coming to terms with the emotions associated with the diagnosis, such as fear, sadness, anger, and grief.
3. Behavioral Acceptance: Adjusting behaviors and lifestyle to accommodate the illness, which may include adhering to treatment plans, making dietary changes, and modifying daily activities.

Patients and families go through a series of stages of acceptance. These stages do not necessarily happen in sequence; these stages are



- **Acknowledging reality:** acceptance involves recognizing the seriousness of their illness and its potential impact on their lives. Most patients pass through stages of grief, moving past denial or disbelief, facing the truth of their current situation, and planning for future activities that would make their lives more meaningful and supportive.
- **Embracing the Present:** Acceptance also involves living in the present moment and finding ways to cope with the challenges caused by the disease. These challenges can include adjusting to new routines, managing symptoms and side effects, engaging in social and family activities, and seeking support from healthcare providers and loved ones.
- **Letting Go of Control:** Acceptance often requires patients to let go of the desire for control over their disease and its outcomes. It means understanding certain aspects of their condition that they cannot change and learning to adapt to these limitations.
- **Finding Meaning:** Acceptance can also involve finding meaning and purpose amid adversity. Patients may seek to make sense of their illness by exploring its significance in their lives and finding ways to derive meaning from their experiences.
- **Psychological Adjustment:** Ultimately, acceptance is part of a broader process of psychological adjustment. It involves coming to terms with the changes and uncertainties brought about by the illness and finding ways to live a fulfilling life despite these challenges.

While not all patients with cancer and their family members reach full acceptance, many find that some level of acceptance is crucial for effective psychological adjustment. This process helps them manage their emotions, maintain their psychological health, and improve their overall quality of life. It is not as easy as it sounds; it is rather a complex and highly individualized journey that plays a vital role in the biopsychosocial well-being of cancer patients.

Psychological adjustment refers to how well an individual manages the emotional, mental, and behavioral challenges posed by a cancer diagnosis. This involves:

- **Coping Strategies:** Utilizing effective methods to deal with stress, such as seeking social support, engaging in problem-solving, and using relaxation techniques.
- **Resilience:** Developing the ability to recover from setbacks and maintain psychological stability.
- **Quality of Life:** Ensuring that despite the illness, the individual can still find joy, purpose, and fulfillment in daily life.

Take, for example, Mis Sara, who is a breast cancer survivor

who found relief in psychotherapy sessions. Initially, her diagnosis left her overwhelmed, feeling lost and tired most of the time, and she had many ruminating ideas about her current condition and the future and avoided social activities. Throughout psychotherapy sessions, she gained a new sense of identity and accomplishment, new coping strategies, and social skills that fostered her psychological adjustment.

### In conclusion

The journey of a cancer patient is undoubtedly challenging, but it is marked by resilience and the capacity to adapt. By shifting our focus from mere acceptance to active psychological adjustment, we can better support patients and help them navigate this difficult path. It's not about passively accepting a new reality but finding ways to live fully within it, through continuous adjustment and modification.

Patients' and families' perceptions of acceptance differ; some may view it as a form of resignation or giving up, while others see it as a courageous act of facing reality and moving forward with resilience. Some patients may struggle with acceptance, experiencing anger, sadness, or frustration, while others may find peace and acceptance early on in their journey. Some main challenges influence patients' adjustment and acceptance, such as the severity and prognosis of the disease, individual personality traits, social support systems, the role of family, patients' fears of involving family members, and religious and cultural beliefs. The next article will tackle patients' fears of involving family members in their cancer journey.



# UNDERSTANDING CANCER CACHEXIA: A SILENT ENEMY IN ONCOLOGY



**DR. AZZA ADEL HASSAN**

• Senior Consultant - Palliative Care

Cancer cachexia is a complex syndrome characterized by metabolic dysregulation, inflammation, and reduced food intake, leading to skeletal muscle loss. Despite its prevalence in patients with advanced cancer, cachexia often goes unnoticed, contributing significantly to cancer-related deaths. Here's what you need to know about this underappreciated aspect of oncology care.

## The Prevalence and Impact of Cancer Cachexia

Cancer cachexia affects nearly every patient with advanced cancer, with varying prevalence rates across different cancer types. It accounts for a substantial proportion of cancer-related deaths and is associated with numerous adverse outcomes, including increased treatment toxicity, decreased response to therapies, higher mortality rates, and diminished quality of life. Even modest weight loss can independently predict survival, highlighting the importance of addressing cachexia in cancer care.

## The Complex Pathophysiology

Cachexia develops progressively as a consequence of advanced cancer, characterized by systemic inflammation, negative protein-energy balance, and involuntary loss of lean body mass. Skeletal muscle depletion is a hallmark

feature, leading to functional decline and decreased treatment efficacy. The pathophysiology involves intricate metabolic changes driven by tumor-host interactions and the impact of nutrition-related symptoms induced by anticancer therapies.

## Strategies for Management and Intervention

Managing cancer cachexia requires a comprehensive, multidisciplinary approach. Interprofessional interventions, including nutritional counseling, physical therapy, palliative care, psychosocial support, and pharmacologic management, are essential for addressing the diverse aspects of cachexia. Oncology nurses play a vital role in screening for cachexia, educating patients about its implications, monitoring symptoms, and providing much-needed psychosocial support to both patients and their caregivers.

## The Importance of Early Recognition and Holistic Care

Early recognition of cachexia is crucial for implementing timely interventions and improving patient outcomes. Integrated palliative, supportive, and nutritional care conducted by an interprofessional team can help alleviate physical symptoms and mitigate psychosocial distress associated with cachexia. By addressing cachexia comprehensively, healthcare providers can enhance the quality of life for patients with advanced cancer and optimize treatment outcomes.

In conclusion, cancer cachexia represents a significant yet often overlooked aspect of oncology care. By raising awareness, improving screening practices, and implementing holistic management strategies, healthcare professionals can better support patients with advanced cancer and mitigate the detrimental effects of cachexia on their health and well-being. Together, we can work towards enhancing the quality of care and improving outcomes for individuals battling cancer cachexia.





# ADVANCING EQUITY, DIVERSITY, AND INCLUSION IN ONCOLOGY NURSING LEADERSHIP AT NCCCR



**Ms. Nima Ahmed Ali**

• Assistant Executive Director of Nursing, NCCCR

In the realm of cancer care and research, the National Cancer Care and Research (NCCCR) institution stands as a beacon of hope, innovation, and excellence. Central to its mission is delivering compassionate and equitable care to all cancer patients. The importance of equity, diversity, and inclusion (EDI) in oncology nursing leadership cannot be overstated within this noble pursuit.

Equity in oncology nursing leadership at NCCCR signifies a commitment to fair treatment, opportunities, and advancement for all nurses, irrespective of their background or identity. It entails recognizing and addressing disparities in representation, compensation, and resource access. We can enhance collaboration, teamwork, and patient outcomes by fostering an environment where every nurse feels valued and supported.

Diversity within nursing leadership enriches decision-making processes, encourages innovation, and promotes cultural competence. Embracing diversity means recognizing and celebrating each individual's unique perspectives, experiences, and talents. It enables us to understand better and address the diverse needs of our patients and communities, leading to more comprehensive and effective care.

Inclusion goes beyond mere representation; it involves actively inviting and valuing the participation and contributions of all individuals. Inclusive leadership fosters a sense of belonging and empowers nurses to thrive professionally and personally. By creating an inclusive culture where every voice is heard and respected, we can unleash the full potential of our nursing workforce and drive positive change in oncology care.

NCCCR is dedicated to promoting EDI in oncology nursing leadership through various initiatives and programs. Mentorship programs, diversity training, and recruitment strategies exemplify how NCCCR is working to cultivate a more inclusive and representative leadership team. By



prioritizing EDI in leadership development and decision-making processes, NCCCR lays the groundwork for a more equitable and effective healthcare system.

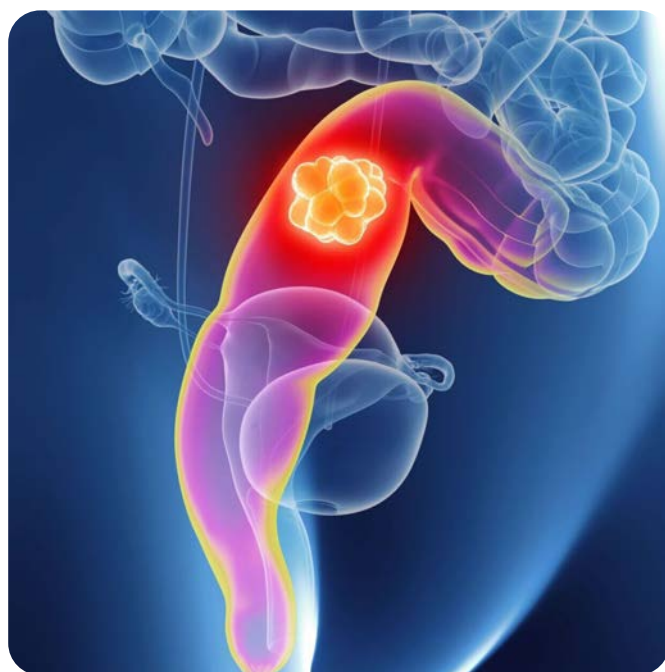
However, achieving true EDI in oncology nursing leadership requires ongoing commitment and action. It necessitates challenging biases, dismantling barriers, and advocating for policies that promote fairness and inclusion. It also requires fostering a culture of accountability and continuous improvement, where feedback is welcomed and progress is measured.

As we continue to navigate the complexities of cancer care and research, let us reaffirm our commitment to equity, diversity, and inclusion in oncology nursing leadership at NCCCR. By embracing the richness of perspectives and experiences within our profession, we can create a more compassionate, responsive, and resilient healthcare system for all individuals affected by cancer.

Let us strive for equity, celebrate diversity, and champion inclusion in oncology nursing leadership at NCCCR and beyond. Our patients and communities deserve nothing less.



# COLORECTAL CANCER AWARENESS: EMPOWERING HEALTH AND PREVENTION



**Alhan Ahmed Jama**

• Colorectal Clinical Nurse Specialist

Colorectal cancer (CRC)\*\* stands as the second most diagnosed cancer in Qatar and the second leading cause of cancer-related deaths worldwide. Recognizing the significance of awareness and early detection, March is dedicated to colorectal cancer awareness. This year, GI oncology doctors and clinical nurse specialists collaborated with the Qatar Cancer Society to educate the public through various events and activities.

On March 3, 2024, an awareness booth was set up at the National Centre of Cancer Care and Research. The event featured multiple educational activities to inform individuals about colorectal cancer, its risk factors, symptoms, and the importance of early detection through screening.

## The awareness activities focused on several key objectives:

1. Risk Factors and Symptoms: Educating the public about the risk factors and symptoms of colorectal cancer.
2. Early Detection: Emphasizing the importance of early detection through regular screening.
3. Healthy Lifestyle: Promoting lifestyle changes that can reduce the risk of colorectal cancer, such as adopting a healthy diet, engaging in regular physical activity, maintaining a healthy weight, quitting smoking, and moderating alcohol consumption.
4. National Screening Program: Highlighting the National Bowel Cancer Screening Program, which offers screening to men and women aged 50–74.

A significant part of the awareness campaign was dedicated to educating the public about the role of lifestyle factors in reducing the risk of colorectal cancer. The campaign encouraged:

- A diet rich in fruits, vegetables, and whole grains
- Limiting the intake of red and processed meats
- Regular physical activity
- Maintaining a healthy weight
- Quitting smoking
- Moderating alcohol consumption

To enhance the educational experience, the event featured visually engaging videos and informative materials. These resources provided valuable information to support the public in understanding colorectal cancer and the steps they can take to prevent it.

The overarching goal of Colorectal Cancer Awareness Month is to empower individuals to take control of their health. By educating the public, the campaign aims to reduce the burden of colorectal cancer through early detection and prevention strategies. Encouraging individuals to advocate for themselves and their loved ones is crucial to achieving this goal.

In conclusion, colorectal cancer awareness initiatives, like the one held at the National Centre of Cancer Care and Research, play a vital role in educating the public and promoting healthy lifestyles. By raising awareness and encouraging early detection, we can work together to reduce the impact of colorectal cancer on our community.

# NAVIGATING CANCER REMISSION:

## NAVIGATING CANCER REMISSION: KEY INSIGHTS FOR PATIENTS AND FAMILIES



**Dr. IHLAM YOUSIF IBRAHIM  
MOHAMED**

• Oncologist Consultant -NCCCR

### What Does Cancer Remission Mean?

Cancer remission signifies a significant decrease or disappearance of the signs and symptoms of cancer. It does not mean the cancer is entirely gone. Remission can be a time of cautious optimism, but it's essential to understand that it's not synonymous with cancer-free.

In blood-related cancers such as leukemia, remission means reducing the number of cancer cells. For solid tumors, it implies a decrease in tumor size. This reduction must last for at least one month to be classified as remission.

### Types of Cancer Remission

There are several types of remission:

- **Partial Remission:** A reduction of at least 50% in measurable tumor size or cancer cells.
- **Complete Remission:** All detectable evidence of cancer is gone.
- **Spontaneous Remission:** Cancer goes into remission without adequate therapy, often following a fever or infection. This is rare.

Even in complete remission, some cancer cells may remain in the body, potentially leading to a recurrence.

### How is Remission Determined?

Remission is determined through blood tests, imaging tests, or biopsies, depending on the type of cancer. During treatment, the cancer is closely monitored to observe any reduction in cancer signs. This reduction must last for at least a month for the cancer to be considered in remission.





### Why You May Need Treatment While in Remission

Since cancer cells can remain in the body during remission, ongoing treatment is often necessary to reduce the risk of these cells growing again. Maintenance chemotherapy is the most common type of treatment during remission, aiming to prevent the cancer from spreading.

If the side effects of maintenance therapy become too severe, discuss with your doctor. They might adjust or discontinue the therapy to prevent resistance to chemotherapy.

### The Outlook for People in Remission

For some, remission can last a lifetime. For others, the cancer may return, which is called a recurrence. The likelihood of recurrence depends on several factors, including the cancer type, stage at diagnosis, and overall health.

#### Types of Cancer Recurrence

- **Local Recurrence:** The cancer returns to the original site.
- **Regional Recurrence:** The cancer returns to nearby lymph nodes and tissues.
- **Distant Recurrence:** The cancer spreads to other parts of the body (metastasized).

- **Late-stage diagnoses** or cancers involving lymph nodes are more likely to recur.

### Ways to Stay Healthy During Remission

Supporting your overall health can reduce the risk of recurrence or a second cancer. Key strategies include:

- Maintaining a moderate weight
- Eating a balanced, nutritious diet rich in fruits, vegetables, and whole grains
- Staying physically active
- Quitting smoking
- Drinking alcohol in moderation
- Taking care of mental health, whether through hobbies or joining a cancer support group
- The Outlook for Common Cancers

Cancer remission is a crucial milestone but not a cure. Regular check-ups and following your doctor's advice are essential to monitor for any signs of recurrence. While remission brings hope, vigilance remains vital to managing your health and well-being.

# NCCCR CELEBRATES NEWLY GRADUATED IMPROVEMENT SPECIALISTS

We are thrilled to share the exciting news that Ms. Emelita Ison, the Quality Manager, and Ms. Lamiaa Mohd, the Senior Quality Officer at NCCCR, have recently graduated as Improvement Specialists. They successfully completed the Improvement Specialist Program (ISP) from August 2023 to May 2024. This program, a strategic partnership between Hamad Healthcare Quality Institute (HHQI) and the Institute for Healthcare Improvement (IHI), is designed to expand the capacity for improvement in organizations by developing healthcare leaders and quality professionals into Improvement Experts capable of leading results-based improvement projects.

Our journey began with a rigorous program that combined in-person workshops and webinars to equip us with the latest methodologies and tools in quality improvement. Throughout this program, we engaged with expert faculty from IHI and HHQI, whose guidance and insights were invaluable. A key component of our training was developing and implementing a quality improvement project. The IHI and HHQI faculty teams meticulously presented and evaluated our projects, ensuring they met the ambitious standards expected by IHI.



On May 21, 2024, our hard work and dedication culminated in a graduation ceremony where we presented our improvement projects and proudly received our certificates from esteemed leaders at HMC, led by Dr. Nasser Al Naimi. This moment marked the official recognition of our efforts and achievements. As newly minted Improvement Specialists, we aim to drive continuous improvement across NCCCR. By applying the principles and practices we have learned, we aim to make a tangible difference in NCCCR patients' lives and enhance our colleagues' working environment.





# NCCCR EXPERTS PARTICIPATE IN THE LAUNCH OF QATAR PRECISION MEDICINE INSTITUTE



On April 30th, 2024, Her Highness Sheikha Moza bint Nasser officially launched the Qatar Precision Medicine Health Institute (QPMI) with an inspiring, passionate, and visionary speech. Her Highness acknowledged the tremendous collaborative efforts of national institutions like Qatar Biobank, Qatar Genome, and other dedicated health organizations in advancing precision medicine. She emphasized the importance of translating research outcomes into clinical applications to provide patients and their families with personalized diagnosis, management, and prevention strategies.

Representing the National Center for Cancer Care and Research (NCCCR), Dr. Salha Bujassoum, Clinical Director of the Center for Clinical Precision Medicine and Genomics (CCPMG), and Dr. Reem Alsulaiman, Deputy Chair of the Medical Genetics Department, contributed their expertise to the event. They highlighted the crucial role of genetic and polygenic information in offering personalized medical care. Their insights underscored how precision and genomic medicine can significantly enhance patient care in Qatar by enabling tailored diagnosis, treatment, and preventive measures.

# ADVANCING HEMATOLOGY AND ONCOLOGY: INSIGHTS FROM THE 4<sup>TH</sup> HOPE DAY SYMPOSIUM



**Dr. Seif Ashraf Sharief Abaza**

• Continuing Pharmacy Professional Development (CPPD) Officer, NCCCR

The 4th Hematology/Oncology Pharmacy Educational (HOPE) Day, organized by the National Center for Cancer Care and Research (NCCCR) Pharmacy Department, marked a significant milestone in the journey of continuous pharmacy professional development (CPPD) in Qatar. Held on Saturday, May 4th, 2024, at the Mandarin Oriental Hotel in Doha, this annual symposium drew together healthcare professionals from diverse backgrounds to delve into the latest advancements in the field of hematology and oncology.

Under the visionary leadership of Dr. Anas Hamad, Director of Pharmacy at NCCCR, the event witnessed notable expansions and additions. For the first time, the symposium welcomed speakers not only from within the NCCCR and Hamad Medical Corporation (HMC) but also from esteemed institutions like Sidra Medicine and Qatar University College of Pharmacy. This diversification of expertise enriched the discourse and fostered collaborative learning among attendees.

A pre-symposium workshop on Artificial Intelligence (AI) tools in research set the tone for the day, offering attendees a hands-on experience facilitated by distinguished experts in the field. Dr. Mohammad Omar, along with Dr. Nabil Omar, Dr. Alaa Rahhal, and Dr. Sara Haydar, provided valuable insights into the intersection of AI and pharmacy, laying the groundwork for innovative approaches to research and patient care.

The inauguration of the HOPE Day by Dr. Anas Hamad marked the commencement of a dynamic program featuring eleven presentations by renowned professionals. Dr. Honar Cherif, Chairman of Hematology and Bone Marrow Transplantation (BMT) at NCCCR, set the stage with a keynote address titled "Breaking Boundaries in Hematological Disorders: Paving the Path to Renewed HOPE for Patients." His presentation offered a panoramic view of recent breakthroughs and emerging research areas in hematology, inspiring attendees with a glimpse into the future of patient care.

The subsequent presentations covered a diverse array of topics, reflecting the multidisciplinary nature of hematology and oncology care:





- Dr. Hazem Elewa from Qatar University initiated discussions on launching a Clinical Pharmacogenomic Service, emphasizing the importance of personalized medicine approaches.
- Dr. Hebatalla Afifi highlighted updates in Breast Cancer Management, underscoring the significance of tailored therapeutic strategies.
- Dr. Afnan Alnajjar shed light on actionable mutations in Non-Small Cell Lung Cancer, offering insights into targeted treatment modalities.
- Dr. Alaaeldin Shablak explored the implementation of immunotherapy in the treatment of Gastric Cancers, showcasing advancements in cancer immunology.
- Dr. Fatima Ismail provided an overview of Cervical Cancer, addressing key advances and current challenges in its management.

- Dr. Salma Suliman Ibnouf discussed the pivotal role of Cardio-Oncology services in managing cancer patients, emphasizing the importance of integrated care approaches.
- Dr. Amir Nounou delved into the landscape of Pharmacy Informatics, elucidating the role of technology in optimizing pharmacy practice.
- Dr. Ruba Yasin Taha shared therapeutic approaches to Relapsed/Refractory Follicular Lymphoma, highlighting evolving treatment paradigms.
- Dr. Rawan Kasht provided insights into the evolution of Immunotherapy for Pediatric Acute Myeloid Leukemia (AML) treatment, addressing the unique challenges in pediatric oncology.
- Dr. Arwa Sahal concluded the symposium with a discussion on the Management of Venous Thromboembolism in Cancer Patients, emphasizing the importance of thromboprophylaxis in improving outcomes.

The event culminated in an atmosphere of camaraderie and shared learning, as attendees engaged in lively discussions and networking opportunities. Acknowledging the invaluable contributions of the speakers, Dr. Anas Hamad, along with Dr. Mohammed Ussama Al Homsy, deputy medical director of education, research, and quality at NCCCR, presented appreciation trophies and certificates to each speaker, underscoring their dedication to advancing hematology and oncology care in Qatar.

The 4th HOPE Day Symposium exemplified the spirit of collaboration and innovation driving the evolution of pharmacy practice in the realm of hematology and oncology. As attendees departed with renewed insights and inspiration, the legacy of this symposium promises to resonate in the ongoing pursuit of excellence in patient care and research.



# UNLOCKING ACCESS TO EFFECTIVE TREATMENT: INTRODUCING RITUXIMAB BIOSIMILARS IN QATAR



**Dr. Maria Benkhadra**

• Clinical Pharmacist, NCCCR



**Dr. Afaf Hani Al Battah**

• Consultant haematology, NCCCR

In the realm of medicine, breakthroughs often come in the form of new treatments that can change lives. One such advancement is the development of rituximab biosimilars, offering renewed hope and enhanced accessibility for healthcare systems grappling with the cost of treating autoimmune diseases and cancers.

What are biosimilars? Biosimilars are drugs designed to closely resemble existing biologic medications like rituximab. Biologics are complex drugs made from living organisms or their components. Biosimilars are highly similar versions of these biologic drugs, developed to be as effective and safe as the original.

## Benefits of rituximab biosimilars:

**Improved Affordability for Healthcare Systems:** The primary advantage of rituximab biosimilars is their ability to lower treatment costs. By introducing competition in the market,

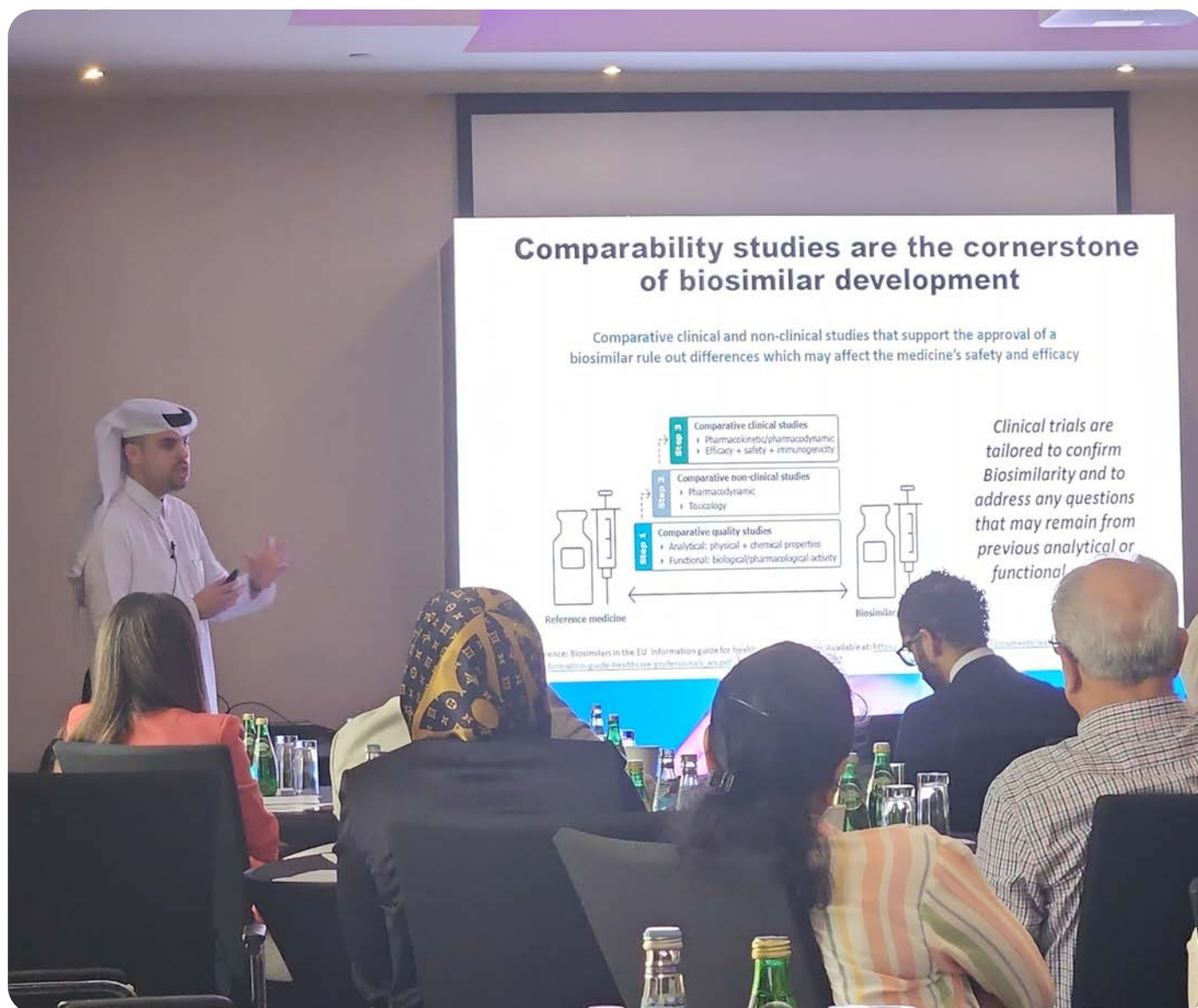
biosimilars reduce financial strain on healthcare systems. This affordability can lead to better allocation of resources and improved sustainability in healthcare spending.

**Maintained Quality and Safety:** Regulatory bodies ensure that biosimilars meet stringent standards of quality, safety, and effectiveness through comprehensive testing. This ensures that healthcare providers can trust in the reliability and efficacy of these alternative treatments.

**Encouraging Innovation:** The introduction of biosimilars stimulates competition among pharmaceutical companies. This competition not only lowers costs but also encourages further innovation and development of new treatments. It pushes the boundaries of medical research and fosters a healthier environment for patients and healthcare providers.

**Economic Benefits:** By reducing healthcare costs associated with expensive treatments, biosimilars contribute to the





overall sustainability of healthcare systems. This allows resources to be allocated more efficiently, benefiting a larger number of patients in need.

On May 18, 2024, a pivotal event unfolded in the healthcare sphere as rituximab biosimilars were formally introduced to the medical community in Qatar. With approximately 40 healthcare providers in attendance, the launch marked a significant milestone in expanding access to cost-effective treatments.

During the event, experts highlighted the transformative potential of these biosimilars in lowering healthcare costs while maintaining stringent quality and safety standards. Attendees engaged in discussions on the implications for patient care and the broader healthcare landscape, recognizing the biosimilars' role in enhancing affordability without compromising efficacy.

The launch underscored a collective commitment to advancing medical innovation and improving patient outcomes. As healthcare providers embraced the introduction of rituximab biosimilars, optimism grew regarding their ability to redefine treatment accessibility and support sustainable healthcare practices moving forward.

Of note, biosimilars undergo rigorous safety and efficacy checks by reliable regulatory bodies such as the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) before they are adapted for use in patients. Hence, rituximab biosimilars represent a significant step forward in healthcare. They offer hope by expanding treatment options and providing a reliable and cost-effective alternative to expensive biologic medications without sacrificing the efficacy and safety of therapy. As research and development in biosimilar technologies continue to evolve, the future looks promising for improving healthcare outcomes worldwide.

# PIONEERING INNOVATIONS IN HEMATOLOGY AT THE 4<sup>TH</sup> QATAR INTERNATIONAL HEMATOLOGY CONFERENCE



The National Center for Cancer Care & Research (NCCCR) at Hamad Medical Corporation (HMC) proudly hosted the 4th Qatar International Hematology Conference on 7 and 8 June 2024.

Over two scientifically intensive days, global experts gathered in Doha to engage in insightful discussions, share expertise, and collaborate on the future of hematology care in the region.

The conference featured an impressive array of keynote speakers who delivered presentations on the latest advancements in hematology, including cutting-edge research in blood disorders, innovative treatment methodologies, and developments in immune therapy, targeted therapy, and personalized medicine. The diverse sessions provided

a comprehensive exploration of hematology's clinical and research aspects.

The scientific program included updates and advancements in acute and chronic leukemia, myelodysplastic syndrome, myeloproliferative neoplasms, and lymphoma. The event hosted 42 lectures from international experts and ten scientific posters showcasing various research projects.

With over 500 attendees, including physicians, pharmacists, nurses, allied healthcare professionals, researchers, students, and pharmaceutical industry representatives, the conference was the most significant hematology event ever held in Qatar and one of the largest in the GCC region. Additionally, an interactive exhibition featured 15 exhibitors showcasing the latest innovations in treating haematological malignancies.



# SHATTERING STEREOTYPES: REDEFINING THE NARRATIVE AROUND BREAST CANCER



**Dr. Shaza Ahmed Hamed  
Mohamed Bek**

• Associate Consultant – Oncology NCCCR

Breast cancer, long a subject of fear and misunderstanding, is evolving into a symbol of strength, resilience, and community. As society progresses, the narrative surrounding breast cancer is shifting from one of despair to one of hope, empowerment, and proactive engagement. This article explores how this transformation reshapes perspectives and fosters a more supportive and informed community.

## Breaking the Silence

For many years, breast cancer was a topic shrouded in silence and stigma. Women often felt isolated and reluctant to discuss their diagnoses, fearing societal judgment. Today, however, open conversations are becoming the norm. High-profile survivors and advocates share their stories, break down barriers, and encourage others to do the same. This openness fosters a supportive environment where individuals feel comfortable seeking help and discussing their experiences.

## The Power of Personal Stories

Personal stories have a profound impact on public perception. When celebrities and everyday heroes alike share their journeys, it humanizes the disease and highlights the shared humanity in the struggle against breast cancer. These narratives inspire others, providing hope and a sense of solidarity. They also educate the public, dispelling myths and promoting a deeper understanding of the realities of living with breast cancer.

## Leveraging Technology for Awareness

In the digital age, technology is a powerful tool for raising awareness and supporting those affected by breast cancer. Social media platforms, online support groups, and health apps provide accessible resources and a sense of community. Campaigns like #BreastCancerAwareness and #KnowYourLemons leverage visual storytelling to educate

and engage a broad audience. These digital efforts make information more accessible and empower individuals to take proactive steps in their health journeys.

## Redefining Beauty and Strength

Breast cancer often necessitates physical changes, such as mastectomies, that can impact a woman's body image and self-esteem. However, there is a growing movement to redefine beauty and strength. Survivors are celebrated for their resilience and courage, challenging traditional notions of beauty. Campaigns like "Scar Project" and "Body Image After Breast Cancer" showcase the beauty of scars and the strength of survivors, fostering a more inclusive and supportive view of post-cancer bodies.

## Intersectionality and Inclusivity

Understanding breast cancer through an intersectional lens is essential in addressing the unique challenges faced by different communities. Factors such as race, socioeconomic status, and geographic location can influence access to care and outcomes. Advocacy groups increasingly focus on inclusivity, ensuring that all voices are heard and resources are equitably distributed. Initiatives targeting underserved populations aim to bridge education, screening, and treatment gaps.

## The Future of Breast Cancer Awareness

The future of breast cancer awareness lies in continued education, innovation, and advocacy. New treatments and diagnostic tools are being developed as research advances, offering hope for better outcomes. Community-driven initiatives and collaborations between healthcare providers, researchers, and advocates are crucial in sustaining progress. By maintaining a focus on education, inclusivity, and support, we can continue to reshape the narrative and empower individuals affected by breast cancer.

# EMPLOYEE SPOTLIGHT

**AHMAD KHALID  
ALJABRI**



Ahmad Khalid Aljabri has been an integral part of NCCCR since September 2012, bringing over a decade of experience to his role as Acting Head Nurse for the Patient Flow Team and Bed Manager. Prior to joining NCCCR, Ahmad honed his skills in renowned healthcare institutions in Amman, Jordan, specializing in Adult ICU/CCU and Oncology/Hematology Adult ICU.

In his current capacity, Ahmad plays a pivotal role in optimizing bed utilization, coordinating patient transfers, and ensuring a smooth flow through the healthcare system. His dedication to patient care and operational efficiency is fueled by NCCCR's commitment to excellence and innovation.

Impressed by the management team's strategic vision and commitment to a positive workplace culture, Ahmad appreciates the continuous professional development opportunities provided at NCCCR. He advises prospective colleagues to embrace collaboration innovation and prioritize patient care in this dynamic and supportive healthcare environment. Ahmad Aljabri embodies the dedication and expertise contributing to NCCCR's mission of providing exceptional healthcare services.

**MAHMOUD  
RABAY'AH**



My name is Mahmoud Rabay'ah, and I am 36 years old. I hold a Master's degree in Nursing Service Administration (2015) and a Bachelor's degree in Nursing (2010) from the Jordan University of Science and Technology. In February 2024, I joined HMC-NCCCR as a staff nurse in Ward-1 (Oncology Inpatient Department), bringing over 13 years of experience from Jordan University Hospital, a leading educational hospital in Jordan. Throughout my career, I have completed various training courses, including a Professional Diploma in Healthcare Quality Management and Training of Trainers (TOT). These have equipped me with skills in strategic healthcare improvement, project management, and operational planning. I am passionate about providing quality care and have the leadership abilities to inspire my colleagues. I have conducted research in healthcare quality and nursing informatics, contributing to staff development and patient care improvement. My clinical leadership focuses on delivering high-quality, culturally sensitive patient care and supporting staff in complex assessments. In my role, I provide direct nursing care, serve as a clinical resource, and collaborate with multidisciplinary teams. I am dedicated to HMC's mission and values, actively participating in committees and projects, and promoting a culture of quality and safety. I believe in treating everyone with respect and continuously strive for better outcomes through evidence-based practice and teamwork. Working at NCCCR is rewarding as it allows me to make a meaningful difference in patients' lives. The support from nursing administration and my team has been invaluable, and I encourage others to join HMC to explore and develop their careers.



EMPLOYEE  
SPOTLIGHTDR. ISRAA  
ELHAKHEEM

Dr. Israa Elhakeem's journey in medicine began with her Bachelor's degree in Medicine and Surgery (MBBS) in 2018. Following her graduation, she joined Hamad Medical Corporation, where she completed her internship training program.

Demonstrating her dedication and commitment to the field, Dr. Elhakeem continued her education with four years of rigorous training as a Medical Resident in Internal Medicine, during which she earned her Arab board certification in Internal Medicine.

In July 2022, Dr. Elhakeem took a significant step in her career by joining the National Center for Cancer Care and Research (NCCCR) as a clinical fellow in Medical Oncology.

She is now in her final year of fellowship, and her journey has been marked by substantial contributions to research, publications, and quality projects, all aimed at enhancing patient-centered care and education.

Dr. Elhakeem's main interests lie in women's health and awareness, with a particular focus on gynecologic oncology. Her passion for improving patient outcomes and her proactive involvement in advancing medical knowledge make her an invaluable member of the NCCCR team.

DR. SEIF ABAZA



Meet Seif Abaza, an exceptional pharmacist specializing in oncology and hematology, with a fervent passion for immunotherapy. Graduating with a Doctor of Pharmacy degree from the University of Jordan in 2015, Abaza's journey into the world of oncology began during his rigorous two-year internship at the esteemed King Hussein Cancer Center.

In 2019, Abaza brought his expertise to the National Center for Cancer Care and Research, where he immersed himself in research focused on immunotherapy. Furthering his knowledge, he completed a Post-Graduate Year 1 (PGY-1) residency program at Hamad Medical Corporation, accredited by the American Society of Health-System Pharmacists, from 2021 to 2022.

Abaza's commitment to advancing pharmaceutical research is evident through his participation in prestigious conferences such as the American College of Clinical Pharmacy (ACCP) 2022 Global Conference, the International Society of Pharmacovigilance (ISoP) 21st Annual Meeting, and the 6th Qatar International Pharmacy Conference. His research project was honored with the Best Poster Presentation Award at the latter event, highlighting his dedication to excellence in the field of pharmacy.

“When it comes to breast cancer, we often find many misconceptions have made it into mainstream knowledge about the condition. Join us as we attempt to demystify them!”



**SCAN NOW!**  
Hear it from your doctor!

**MYTH**

**FACTS**



**There's mostly one way to treat all types of breast cancer.**



Contrary to popular belief, breast cancer is an array of conditions, not just one condition. Therefore, each type requires unique approaches and widely diverse treatment plans.



**If someone in my family has cancer, I will get cancer, too.**



Cancer is caused by harmful gene mutations. Only about 5-10% of cancers are caused by harmful mutations that are inherited from a person's parents, in which case, multiple family members will often develop the same type of cancer. These cancers are called “familial” or “hereditary” cancers. The remaining 90-95% percent of cancers are caused by mutations that happen during a person's lifetime as a natural result of aging and exposure to environmental factors, such as tobacco smoke and radiation. These cancers are called “non-hereditary” cancers. <sup>1</sup>



**You don't have to get checked for breast cancer unless you find a lump.**



While discovering a lump in the breast can be a sign of breast cancer, it's crucial to know that not all lumps are cancerous, and that lumps are not the only signs of breast cancer. Other signs of breast cancer are skin changes, like redness or dimpling, swelling, pain, and even changes in the shape or size of the breast. Some breast cancers might not show any symptoms at all, which is why regular screenings are very important.



**The side effects of breast cancer treatments are worse than the cancer itself, so you might as well skip it.**



Each treatment plan is tailored to the specific cancer type and stage being treated. The goal of treatment is to cure or control the cancer. Treatment plans vary, and so do the side effects and the experience of each patient. Having said that, side effects can still be challenging. But adhering to breast cancer treatment in its entirety is vital for recovery and, ultimately, a healthier future.



**Biopsies can cause breast cancer to spread.**



Biopsy is a medical process in which a small piece of tissue is taken from the body to test in the laboratory, and can be mandatory in most cases of cancer for proper diagnosis and treatment plans. The chance that biopsies will cause cancer to spread to other parts of the body is extremely low. Following standard procedures, surgeons use very intricate methods and take many steps to prevent cancer cells from spreading during biopsies or surgeries to remove tumors. <sup>1</sup>



**Getting a mammogram can cause breast cancer.**



A mammogram, or x-ray of the breast, currently remains the gold standard for the early detection of breast cancer. When breast cancer is detected early, and is in the localized stage, the 5-year relative survival rate is 99%<sup>2</sup>, and can result in less radical treatment<sup>3</sup>. Neither the compression of the breast required for a mammogram nor the amount of radiation used in a screening mammogram causes cancer or causes cancer to spread. In fact, early detection of breast cancer is related to better treatment outcome and less risk of recurrence. <sup>4</sup>

References:

1- <https://www.cancer.gov/about-cancer/causes-prevention/risk/myths>

2- <https://www.nationalbreastcancer.org/early-detection-of-breast-cancer/>

3- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3437146/>

4- <https://www.nationalbreastcancer.org/breast-cancer-myths/a-mammogram-can-cause-breast-cancer-to-spread/>