

GOOD SAMARITAN CANCER HOSPITAL

IFAKARA, MOROGORO, TANZANIA



HABARI@GSCH

CREATING HORIZONS FOR NEW HOPE

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From the Editor's Desk

Dear members of Good Samaritan Cancer Hospital (GSCH) family:

The first quarter of 2021 has been a busy period at GSCH. As part of our service expansion plan, we are pleased to share updates about additional clinical services – Endoscopy and Pathology – that were blessed during the quarter. In addition, facilities for our valuable patients' and families' were enhanced with the blessing of the Waiting Area and Hostels for male and female family members.

The flagship GSCH Rural Outreach Program (ROP) scaled out to added dimensions. We reached out to newer communities to conduct health education and free cancer screening camps. We also met with over 35 hospitals across eight regions (including Morogoro) to spread awareness about the modern and unique cancer diagnostics and treatment services at GSCH. We invite collaboration through Oncology patient referrals and Pathology referrals for cytology and histopathology services, not widely available across nearby regions.

At GSCH we look forward to even busier quarters in future, with increased patients and pathology referrals. We thank you all for your support. We are keen to increase our collaboration and expand the communities that we together serve.

Jyotinath Ganguly, Editor, projects@gschifakara.org, +255 785 896 498



Blessing Additional Services and Facilities

The 'Missionaries of Compassion', the parent organization of GSCH, has continuously supported the enhancement of clinical services to improve patient care, and facilities to enhance patient comfort. In March 2022, GSCH had the privilege of hosting Rev Fr Boban and other leaders of the MOC who blessed several additional services and facilities:

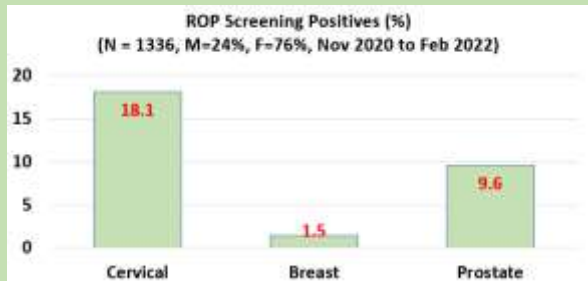
- Cytology and Histopathology Services
- Endoscopy Services
- Waiting area for patients and families
- Low cost hostels for family members.



The Rural Outreach Programme (ROP) Scales Out

The flagship Rural Outreach Program (ROP) was launched by GSCH in November 2020, focused on bringing cancer awareness, screening, early detection and prevention to rural villages.

Screening data from ROP has enabled GSCH gain insights into prevalent cancers among communities in Kilombero and Ulanga Districts, Morogoro Region.



GSCH is now scaling out ROP through two initiatives.

1 Community Outreach

GSCH is reaching out beyond rural villages. A focused screening camp was held onsite at Kilombero Valley Teak Company (KVTC), Mavimba, Ulanga District, Morogoro Region, about 20 km from Ifakara. KVTC at Mavimba is the largest Teak factory in the region. GSCH acknowledges the warm support received from the CEO and Management team of KVTC.





Screening was performed for breast and cervical cancer for adult females, and for prostate cancer for males 50 years and greater. Those who were detected to require further care are now being treated at GSCH.

As part of the skill development initiative, GSCH trained 15 medical college students from St Francis University College of Health and Allied Sciences (SFUCHAS), providing them valuable field experience in imparting health education and conducting breast, cervical and prostate cancer screening. It is envisaged that such collaborative initiatives would help GSCH scale out cancer care across regions in Tanzania and other countries in East Africa.

2 Hospital Outreach

GSCH ROP team visited 31 hospitals across seven regions (Iringa, Mbeya, Mtwara, Njombe, Rukwa, Ruvuma, Songwe) during February 2022 and met the management and staff of Zonal, Regional, District, Private and Mission Hospitals. The objective was to spread awareness of the range of modern and unique cancer care services provided by GSCH and the potential to collaborate. Hospitals were also updated about Rural Outreach Program (ROP).



Thanks to our extended hospital family for welcoming the GSCH ROP team!

GSCH is happy to state that we have already started welcoming:

- 1 Patient referrals for Oncology care
- 2 Cytology referrals
- 3 Histopathology referrals – from several hospitals across regions.

GSCH is keen to increase the collaboration with hospitals and colleges across regions so that a larger numbers of our rural communities can benefit from cancer awareness, prevention, screening and treatment.



PATHOLOGY: CRUCIAL FOR CANCER CONTROL

By Dr. Salvatory Makweta Mlaga, MD [Pathologist – GSCH]

Ensure all body swelling gets fully explored

Preamble

We chose to go for all-out-war against cancer and the death toll from them, that is why in this volume of our newsletter we proclaim “all body swelling should be fully examined”. According to recent WHO GLOBOCAN publication, Cancer ranks as a leading cause of death and an important barrier to increasing life expectancy in every country of the world. In some countries about 6% of breast lump turn out to be cancers after critical steps of their examination. Usually these body swelling get removed surgically and their tissue should be submitted to pathology lab for ascertaining the final diagnosis.

All specimens removed during surgery must be submitted to Surgical Pathology for gross and/or microscopic examination in the same way that small tissue excised for diagnostic purpose will take path. In this article we express the importance of this decision and reality basing on science while highlighting what is happening at GSCH pathology lab.



***Exhibit 1: Modern Pathology
Lab equipment at GSCH***

The role of complete examination and proper diagnosis of body swelling and /or mass lesions needs the awareness and intention/willingness of the surgeon before information is conveyed to patients for necessary action. It is imperative to communicate the essence of the same to our readers, and that is the reason for this published piece of information.

To assist hospital managers enforce this right to patient complete and appropriate diagnosis, and to enhance patient's right to proper and timely diagnosis there should be policy statement which clearly state that all specimens not specifically exempted on scientific grounds must be submitted to the pathology department for examination. It should also state that a microscopic examination will be performed whenever there is a request by the attending physician, or when the pathologist determines a microscopic examination is indicated by the gross findings or clinical history. [https://webapps.cap.org/apps/docs/laboratory_accreditation/build/pdf/surgical_specimens.pdf].

Synopsis on the scope of examination of body swelling or mass lesion. Examination ranges from physical palpation of swelling to biopsy collection and final histopathology examination for definitive diagnosis.



Exhibit 2: Processed core biopsy section as visualized under x10 microscope, a case of Hepatocellular Carcinoma

Histopathology is the examination of biological tissues in order to observe the appearance of diseased cells in microscopic detail. Histopathology typically involves a biopsy, which is a procedure involving taking a small sample of tissue, usually undertaken by a surgeon or a pathologist, the latter being the experts in diagnoses of diseases.

The importance of histopathology cannot be understated – this discipline is absolutely vital to the understanding and detection of diseases, which ultimately broadens and progresses treatment options in the majority of instances.

What really happens to the patient?

Physical examination of the superficial body swelling is typically performed during physician consultation session. Information from this event will direct further steps including one of the various options for biopsy. Biopsy can be fine needle aspiration biopsy – FNAB (cost effective and quick method of harvesting



cells at the diseased swelling by a needle for cytological studies), core needle aspiration biopsy (relatively larger bore needle technique capable of harvesting slender tissue for histopathological studies) or small tissue excision/ incision biopsy which involves removing the whole mass/lump or cutting a small part of the lesion respectively). The fourth type of biopsy emanates from routine surgeries. All these modalities are available at GSCH. The latter is the main source of pathology lab biopsies; however, it is not fully utilized by most surgeons. Reasons for throwing post-surgical potential specimens in the buckets while unchecked for possible undiagnosed pathologies range from lack of awareness [advocacy related challenges] on availability and importance of the pathology examination of the post operative tissue, to the health system challenges, that is scarcity and hence distant pathology laboratories in our setting coupled with very few available pathologists. This is in the scope of the current issue, to emphasize on the utilization of every nearby precious pathology laboratories in accomplishing complete examination of the body swellings abiding to the triple test commonly taught to surgeons, viz., Physical examination of the swelling → Imaging by mammography or ultrasonography → cytological examination which will inform need for tissue biopsy.

Turn Around Time (TAT) as an Attraction or Repulsion Factor to or from Lab Services.

In laboratory perspectives, Turn Around Time (TAT) is the amount of time it takes to complete a process from specimen acquisition in the lab to the dispatch of results. TAT is one of the most noticeable signs of laboratory service and is often used as a key performance indicator of laboratory effectiveness. This parameter varies from one laboratory to another due to various in-house system factors, not in the scope of this article. Delays in TAT elicit immediate complaints from users while adequate TAT is said to go unremarked (Robert C Hawkins, 2007), it deserves a credit!. The turnaround time at GSCH pathology laboratory is our competitive advantage. For uncomplicated biopsy case is 72 hours after receipt in lab (three working days), although few cases get the results after 48 hours especially those whose specimens are brought on the grossing day provided fixation time and status supports further processing. Complex cases requiring extensive dissection, decalcification, special stains, and consultations will require additional time. High-priority specimens received at any time may be

processed rapidly by special consultation with the Pathologist on call. Preliminary verbal reports from the attending pathologist or pathology resident can be obtained sooner by calling the pathology lab team member when necessary using +255 717 515 520. Once the report has been finalized and signed electronically by the staff pathologist, results are available on the Laboratory Information System.

Summary on TAT:

- **Biopsies: Three working days**
- **Large cancer cases: 5 days**
- **Routine, non-cancer cases: Three working days**



Exhibit 3: Containers with wide mouths suitable for tissue fixation and transportation to the lab, this fosters earlier turnaround time

Special situations requiring additional time for report completion:

- Overnight fixation, one day
- Decalcification of bones, one to two days
- Resubmission of tissue adequate for diagnosis, two days for resident cases of GSCH, higher for referral cases.
- Recut/deeper sections, one to two days
- Immunohistochemistry or other special stains, one to two days
- Intra-departmental consultation, one to two days
- Inter departmental and inter facility consultations may take three to five days more.

Note: When a prolonged delay is anticipated, a (preliminary) report with a favoured diagnosis will be issued with a comment that a supplementary report will follow with the results of the special studies and resultant final diagnosis.

Most client have enjoyed our comparatively shorter TAT already, why not you? Let's take the route from physical examination of the swelling to pathological exploration.



Welcoming Words From Employees



John Mazinde, Finance: Welcome to GSCH, where we share the Love of God with our esteemed customers. We offer best quality services at affordable prices. Karibuni sana.



Mr Robert Neglin, Insurance: “I am happy to take care of your health through a choice of four Insurance providers: NHIF, Assemble, Jubilee, Strategis. You are welcome to GSCH.”



Ms Catharine Kimaro, Matron, Oncology: “I provide nursing care and careful administration of Chemotherapy drugs to prevent complications. Karibu GSCH Kwa Huduma Nzuri Na Bora.”



Mr Egdi Mwilo, Radiotherapy: “Using Halcyon LINAC we treat our patients with accurate and precise Intensity/Volumetric Modulated Radiotherapy (IMRT/VMAT) while minimizing risk to healthy tissues.”



Connect with GSCH!

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