

DISPATCHES



CALIFORNIA SOMEONE TO LOOK UP TO

Mentors recruited through a program of the Rotary Club of Los Altos, Calif., USA, have helped local students improve their attendance and grades.

In honor of its work, the club received the RI Significant Achievement Award in June.

The club started the Partners for New Generations program in 1995 to recruit elementary school tutors. Since then, the effort has grown to include high school mentors and youth advocates in the court system.

"We gave the students pre- and postmentoring tests, and their grades improved by almost one grade level. C students are now getting Bs," says Bob Adams, past club president.

Partners for New Generations serves many at-risk kids who attend continuation high school, says the program's chair, Mona Armistead. "Others are first generation in the U.S. The mentors allow them to see possibilities that they might not see at home, like going to college."

The program includes 40 elementary school tutors and 120 high school mentors. Sam Pesner says his club tries to get other area clubs involved. It now works with two other Rotary clubs.

The mentor-student relationship doesn't necessarily end when the school year does.

"Out of the 80 students we mentor in the continuation high school, 20 already graduated," Adams says. "Those 20 students continue to talk regularly to their mentors."

Learn more about Partners for New Generations at www.losaltosrotary.org.



MONGOLIA Just testing

Since 2005, more than 4,000 people in Mongolia have benefited from dental examinations and cervical cancer screenings sponsored by Rotary clubs in East Asia.

The cancer screening project, called Test for Life, took place across four provinces in July and August. Seven Rotarians and 13 non-Rotarian medical professionals traversed about 1,400 miles along some of the world's roughest paths to reach impoverished communities.

Sponsors included the Rotary clubs of Hong Kong; Cheonan-Dosol, Korea; Khuree, Mongolia; and Taipei Genius and Taipei Tin Harbour, both in Taiwan. The Rotary Foundation contributed a US\$23,000 Matching Grant.

Conducting a Pap smear, Rotarian Bayarsaikhan (right) swabs cervical cells onto a slide for examination.

Cervical cancer is the most prevalent cancer in Mongolian women, according to Bayarsaikhan Luvsandorj, a doctor and a member of the Khuree club, who was the driving force behind the screening initiative.

He notes that up to 40 percent of women in Mongolia are infected with human papillomavirus, a major cause of cervical cancer. The incidence of the disease is expected to rise among these women, 95 percent of whom have never been screened for it.

Bayarsaikhan explains that this growing threat, plus the deaths and misery that come with cervical cancer, motivated him to help establish Test for Life.

"I lost my grandma and many patients due to late cervical cancer," Bayarsaikhan says. "And for so many

times, I was thinking that if a patient [had visited] me a few years earlier, I could have saved her life."

Test for Life is a groundbreaking project. The inaugural 2005 initiative, which benefited 1,000 women, was the first cervical cancer screening program in rural Mongolia. This initial effort was sponsored entirely by the local Rotary clubs of Khuree, Niislel, Tuul, Ulaanbaatar, and Zuunmod.

Elkie Hon, the Rotary Club of Hong Kong's international service director, galvanized support for the 2006 effort. She heard about Test of Life when she traveled to Mongolia in May on a dental mission led by Past RI Vice President Gary C.K. Huang.

Hon got to work soliciting funds and volunteers for the cervical cancer screening initiative. "To me, there is nothing more important than saving a life," she says, "especially when it is almost so certain that we know how we can save a human life at a very

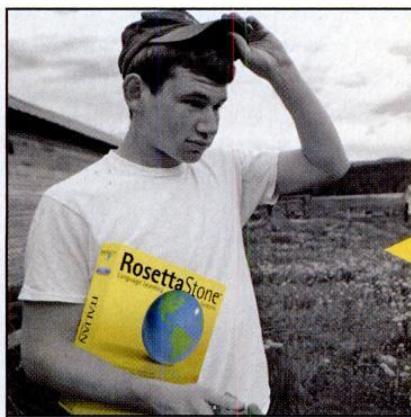


Women wait to be screened for cervical cancer. Because of limited resources, some were turned away.

reasonable cost [of \$10 per person]."

To quickly assemble support, Hon took a leaf from the book of the dental mission,

which involved 14 Rotary clubs from mainland China, Hong Kong, Macau, and Taiwan and treated more than 800 children.



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Silent and unequal

In developing countries, cervical cancer still a major threat

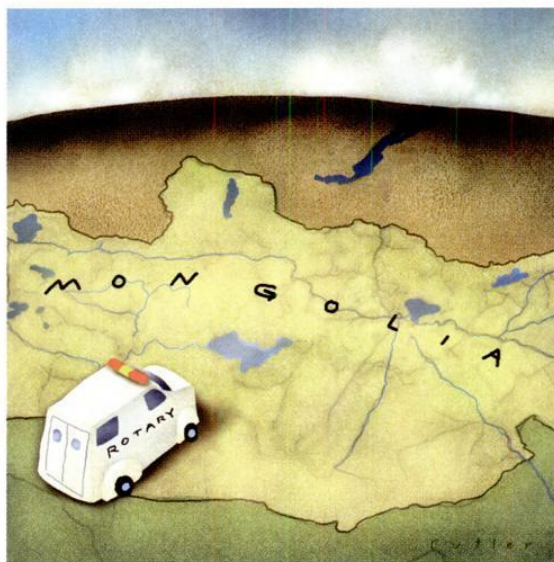
BY ANNEMARIE MANNION

Traveling through Mongolia on a three-week medical mission in 2006, Elkie Hon met women whose lives had been saved by a program started by Rotarians there. Test for Life, a mobile medical screening program that operates in Mongolia's vast rural regions, works to detect cervical cancer in its early, treatable stages and to provide follow-up treatment.

"Because of a lack of early screening, many Mongolian women die from cervical cancer without ever knowing they had it," explains Hon, a member of the Rotary Club of Hong Kong.

In Mongolia, cervical cancer is the second-leading cause of death among women, and not so long ago, it was just as great a threat in the United States. "In the 1940s, cervical cancer rates were pretty much the same around the world," says Scott Wittet, a senior program officer with the international health care nonprofit PATH. "We didn't know how to screen for it until the Pap test was developed in the '50s."

But the progress made in the detection and treatment of the disease in industrial-



ized countries – in the United States, the incidence has fallen by half in the past 30 years, and it is no longer among even the top 10 causes of cancer deaths – has not been replicated in the developing world. Globally, it strikes about 510,000 women each year and causes more than 288,000 deaths, with women in developing countries – many of them young mothers – accounting for 85 percent of those who die from the disease.

Cervical cancer originates in the cells of the cervix, the lower part of the

uterus. The primary cause is human papillomavirus (HPV), a sexually transmitted infection that can cause genital warts as well as other cell changes that can then turn into cancer. Treating all precancerous cases can prevent almost all cancers, and the Pap test, in which cell samples are removed from the cervix for examination under a microscope, is the most common way to screen for these cell changes.

Test for Life relies on Pap testing, says Bayarsaikhan L. Mongol, a gynecologist and past president of the Rotary Club of Khuree.

The program also provides free treatment for women who need it. Volunteers include medical students and staff members from the National Cancer Center of Mongolia and the Daffodil Clinic, a women's health facility.

"Every summer for three to four weeks, a medical team with about 20 people travels on a small budget and in four or five Jeeps for over 2,500 kilometers [1,550 miles]," says Hon. "They carry all medical equipment and supplies, and daily necessities, food, and water for the volunteers, to rural provinces to

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provide free screening, prevention education, and training for local medical care providers."

To date, Test for Life, begun in 2005 by the Khuree club, has screened 9,588 women and detected 589 precancerous cases. The Rotary Foundation has supplied two Matching Grants totaling US\$43,100 to support the program; with club and district contributions, the funding comes to \$102,300.

Though the Pap test is common in developed countries, it is rarely used in Mongolia. In Latin America, the situation is similar, says Silvana Luciani, project manager for the Pan American Health Organization, an international public health agency. "Each country has Pap testing, but the problem is that women who should be getting screened aren't getting screened," she says. The quality of the screening and follow-up treatment that do occur is often poor.

In rural areas, obstacles include a lack of equipment and of well-trained technicians and pathologists to administer and evaluate the tests, Luciani says. "In that whole process, there are many failures along the way."

Culture and customs also play a role. "In general, the culture of preventive health practices is not the norm [across Latin America]," she says. "Another barrier is having male examiners do the gynecological exams. There's also a concern about a lack of privacy and confidentiality in smaller towns."

Luciani and Wittet agree, however, that the future of detecting and treating cervical cancer looks promising. "There are new, simple methods that are very inexpensive and easy to do," Wittet says. One alternative to the Pap test that has been successful when resources are lacking is VIA testing, which requires training but no sophisticated equipment to carry out. The test involves visual inspection of the cervix and swabbing with an acetic acid such as vinegar. The results can be read immediately.

HEALTH

“It causes the precancerous lesions to turn white,” Wittet says. “Then, with a simple freezing method, they are removed. It’s a painless procedure. And we have enough data now to know it works.”

Testing for HPV infection also holds promise for early detection. A recent study showed that a single round of HPV testing of women in rural India significantly reduced the incidence of advanced cervical cancer as well as mortality. Mongol says Test for Life will continue to rely on Pap testing, although he prefers the HPV test. “But you need lab equipment, which is costly,” he says, adding that at this time, “there is no approved HPV lab in Mongolia.”

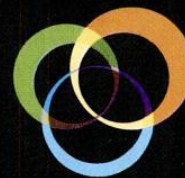
Rotarians are also focusing on early treatment. In 2008, members of clubs around Portland, Ore., USA, traveled to Indonesia, where they learned of the need for cryogenic surgical units to remove precancerous lesions. The Rotarians received a \$7,250 Matching Grant (club and district contributions brought the total amount to \$16,550) to provide the units to four hospitals and to train midwives to use them.

PATH is taking another approach to preventing the disease: It is providing the HPV vaccine, which protects against the two most dangerous cancer-causing types of HPV, to adolescent girls in countries including India, Peru, Uganda, and Vietnam. Wittet notes, however, that the cost of the vaccine – about \$360 for the three-dose series – is “way out of the reach of most people we want to help.”

Through prevention and treatment, Wittet says, the goal is to reduce the inequity of cervical cancer between the developed and developing worlds. “The exciting news is that there is potential for new technologies and treatments and new, promising vaccines,” he says. “This is a cancer that is eminently preventable.” ■

Annemarie Mannion is a freelance writer based in Chicago.

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