

2nd ASCO-GOIS International Webinars:
Notions and needs for Global Oncology-Implementing
Science to increase affordability of better value global cancer care.

(Short Title: Global Oncology), October 9, 2024

Introductory Overview : Updated from

2024 Global Health Catalyst Summit, June 7-9, 2024, Johns Hopkins University USA .

Cancer Moonshot 2:0: Advancing win-win collaborations for global Health

Notions and needs for win-win scientific approaches to increase affordability of global oncology care

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Disclosure of conflicts: None

- **This presentation is on behalf all the Leaders and Faculty of The win-win initiative**
- **And I inspired from the works and discussions with distinguished colleagues, international organizations and societies in the world, in committees, or as an advisor expert or as a chair along the last 4 decades**
- **Moreover, after personal discussions over years with leaders from of health industries, major pharmaceuticals and radiotherapy companies (Varian and Elekta). Particularly , I acknowledge the precious advices –over years till present- of *Mr. Dow Wilson, Past President and CEO of Varian Medical Systems* , *Siemens Healthineers* and Dr. Dee Khuntia, senior Vice President , Chief medical officer , Varian Medical Systems. (but , there is no any financial support of any kind. I am completely independent)**
- **& Also, I Inspired from our Chapter 1 (by Ahmed Elzawawy) “Approaching Global Oncology. The win-win model” (Chapter 1 & book summary are open access) <https://iopscience.iop.org/book/edit/978-0-7503-3075-6> (Chapter 1 & book summary are open access)**
- **& From : Global Oncology-Implementing Science GOIS program courses www.icedoc.website : GOIS directors : Ahmed Elzawawy, Eduardo Cazap, David Kerr, Karol Sikora, Wil Ngwa, Cristina Stefan, Twalib Ngoma, Riccardo Audissio and Luca Incrocci.**

Short brain storming questions and notes:

Q: What is Global Oncology ? Reason of the question: Sometimes there is a confusion between the science of global oncology and the general public health topics, the advocacy and public talks about cancer. Even, it becomes sometimes , business and political talks and slogans by oncologists, mostly by whom who are partially responsible or partners for the present tragedy of shortage of good cancer care in the world or their countries!!

Although public health and cancer advocacy are **mandatory and very important** , but it is not necessarily at all to be done by cancer care experts and cancer researchers

- **The definition of oncology**, according to Merriam-Webster is: **'A branch of medicine. It is a science** concerned with the prevention, diagnosis, treatment, and study of cancer'
- **Global**: It means . "Worldwide". So, Global Oncology, doesn't mean as frequently thought that it is cancer care and control in LMICS. But , it regards the whole world. Otherwise it would be called LMICS Oncology.
- This does not mean that one solution fits all.
- Cancer care should not be only customized according to biological markers but also to the conditions of the community where patients live, their expectations, hopes, and cultures

Reference: Elzawawy A 2012 Science and affordability of cancer drugs and radiotherapy in the world: win-win scenarios ed R Mohan Advances in Cancer Management. (Free access and download: <https://www.intechopen.com/chapters/26808>)

- **Q:** Along the last 3 decades - **and still** – Despite of the conferences, reports , classic publications , commissions , agendas , programs, Summits , important political declarations and initiatives to address the big problems of access to reasonably scientific cancer care , to talk about disparities , equity and big jump to solutions. **What was the outcome in the real world?**
- **A:** The gap between the required cancer care and the available was widen in the last 2 decades , and there is no convincing evidence that the needs wouldn't be increased in this third decade of the 21st Century.

➤ Recent reports in 2024 , indicate that there will be 77% increase in incidence of cancer in the upcoming 25 years , with a tidal wave among ages younger than previous decades. Accordingly, in addition to projected changes in population growth and aging hold The prevalence of cancer is increasing!

<https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21834> (*CA: A Cancer Journal for Clinicians*)

2024 Rosenberg PS et al. JAMA Network Open <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2819747>

So, we should be prepared seriously!

➤ Talks like Zero cancer tommrow or a world without cancer in the next 3-4 years are still just political or media slogans

(A Brain storming question: Could that declations or slogans result in some drawbacks? I leave the answer to you)

- **Q:** Is cancer a modern problem of the last few centuries?. So, will be there a big shot to finish it as we heard along the last decades and till today?
- **A:** In fact there are confusions here and there are replies for two questions here:
 - 1- In simple words: Cancer is related to divisions, proliferations and mutations of cells and started with the first multicellular creatures , millions of years before the first mammals.
 - 2- For the question of finishing cancer, tomorrow, to be Zero in the world including LMICS : We state that to be scientific , fortunately cure , survival and quality of life are improving remarkably . Cancer earlier diagnosis , detection and prevention are increasing . So, every , collaboration and efforts should paid for that

Q: Needless to repeat what is known about the tragic lack of affordability of better value cancer care in many LMICS. **But, are there underserved patients in Affluent countries too?**

A: According to American Society of Clinical Oncology ASCO: in 40% of American Citizens, The first cause of fear of cancer is its financial burden and the risk of bankruptcy.

In ESTRO study: One fourth of cancer patients in Europe didn't get the indicated radiotherapy

➤ **In a recent report and a Medscape article it is stated that: "The median launch price for 13 new cancer drugs introduced this year was \$257,000, which is more than three times the median household income for a California family."**

References:

- - Ahmed Elzawawy Chapter 15 Examples of scientific explorations for resource-saving better-value cancer drug systemic therapy , Chapter 1 , page 13 in **Approaching Global Oncology. The win-win model**" <https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf>
- ASCO's Second National Cancer Opinion Survey results: surprising number of Americans believe alternative therapies can cure cancer. ASCO Connection Jan 08, 2019 [https:// connection.asco.org/magazine/features/second-asco-national-cancer-opinion-survey-results](https://connection.asco.org/magazine/features/second-asco-national-cancer-opinion-survey-results)
- Lievens Y, Borrás J and Grau C 2020 Provision and use of radiotherapy in Europe *Mol. Oncol.* 14 1461–9

- Shall we in the world continue in the same previous approaches despite of the deteriorating increase of number of millions of underserved cancer patients in the real world?

➤ There are very constructive initiatives:

- **Each initiative focus** on a needed part of the global challenge, **for example:**
- **Choose Wisely** : The American Board of Internal Medicine (ABIM) led The Choosing Wisely campaign, **more than 80 professional medical societies -including oncology societies-** have Generated a list of more than **550 examples of unnecessary and low-value services** that are associated with increasing healthcare costs and patient harm and which do not improve survival or the quality of life.
- **Common Sense Oncology**: An important initiative (Bishal Gyawali ,Chris Booth , Richard Sullivan et al) that focuses on using what could be obtained and implemented in different parts of the world and addressing disparities in funding of clinical trials. (There is a lecture and contribution of Dr. B.Gyawali In the this webinar)
- **Several initiatives by important organizations , societies** , WHO , IAEA and individual experts : like. calling to focus on essential cancer drugs, or generic drugs , or resources stratified guidelines or less complicated technology in radiotherapy.
- All appreciation to all these respectable initiatives. (N.B. We contributed actively –and still- in some of these initiatives)

- Achieving **Universal Health Coverage UHC** is one of the targets of the 2030 Sustainable Development Goals (SDGS) when they reaffirmed by the United Nations General Assembly in 2019. However, we see that **it is obvious that the Skyrocketing increase of costs of cancer care and new drugs** that don't commensurate with the increase of curve of improving of outcome, is a big barrier to achieve such goals of the UHC.
- **Other realistic example of huge big obstacle is the waste in Health care.** For example the estimated waste in 2024 in US Health system ranged from \$ 760 billion to \$935 billion. (around 25% of the total health spending!)

- **The Win-Win movement** -introduced by Ahmed Elzawawy in December 2007 after inspiring and consultations with many experts and stakeholders in the world - aims at the increase of affordability of better value cancer care for millions of underserved cancer patients in the world , in rich countries and LMICS, via scientific approaches and within **win-win scenarios** (what we call **the Goal**) www.icedoc.org.
- **It is not competing or replacing any. but it is a forum for all.** It is a notion of collaborating with all to achieve our sole goal. One of its flavors(!) or brand is that it belongs and owned by all!
- We don't claim any invention. It is based and inspired from the scientific works of many scientists and authors. We don't seek for praise , but, the glory is for the real doers everywhere.
- The win-win is *a notion* and not a competing body , so , it could be adopted and adapted by any.
- **The win-win is a message of love , expressed in scientific explorations and **collaboration** to serve the cause of affordability of better value cancer care with dignity for all, regardless their nationalities, beliefs or colors.**

(Visit www.gois.website & links to our win-win initiative and books in www.icedoc.org)

- Approaching Global Oncology. The win-win model" <https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf>

In the real world Why it should be win-win?:

There is a great need for more focused scientific works, exploration and win-win collaborations that would lead to enormous innovation and unprecedented progress in cancer care and control with stress on several scientific approaches for wider affordability of BETTER VALUE care in the world. At present this is the realistic scientific GOAL and not curing all cancers in the world in the near future (and not the 3-4 years as some declared!)

Moreover, not to be satisfied with not less than patient centered value cancer care for the majority of population in the world.

The interests and the incentives of all stakeholders should be considered.

To be realistic , **incentives and remuneration of professional cancer care are mandatory** should be considered and repaired , otherwise , the different ways of corruptions –under different names- or abuse of resources in different parts of the world will continue!.

- ❑ All will win. It is not unrealistic or romantic But , it needs **smart and innovative, scientific , focused approaches and braod scope and intelligent deals**
- ❑ Even the industries will flourish more and enormously increase their markets.
- ❑ There is a need to change the present game and for a “Think Tank” like that proposed by President F.D. Roosevelt for the NEW DEAL

❑ **The 2 wings of the win-win international scientific initiative are:**

1- To increase of affordability of better value cancer care in the world, via scientific approaches, education , studies and win-win models that consider the interests of all stakeholders. All will win.

2- To increase the number and quality of cancer care services in the world via catalyst actions and relevant education and training.

www.icedoc.org/winwin.htm & www.icedoc.website & www.icedoc.net

❑ Hence, there is a great need for wide education and training programs **focused on** the goal on how to enhance human capacities and resources that adopt and lead the scientific movement to increase affordability of triple value cancer care (the patients , the community and science) for millions of cancer patients-with dignity- in the real world. (**Not just the usual ready made programs or stereotype repeated curricula**)

❑ **Global Oncology-Implementing Science (GOIS) program**
www.icedoc.website is a part of the Global Oncology University (The Virtual GO-U). It is an example of collaborative model **that could contribute in serving this defined goal in the world.**

□ In the win-win initiative, and the Global Oncology-Implementing Science (GOIS) virtual program: www.icedoc.website :

I- We advocate for brainstorming and stimulation of global collaboration for exploration of unlimited numbers of scientific approaches and studies that could lead increase affordability of better value cancer care .

II- We present and openly discuss tens of published scientific examples that could lead to lower the total cost of cancer care without compromising the outcome on patients , or even to get better value of different fields cancer care that include **Systemic cancer therapy, Surgery , Radiotherapy ,future Brachytherapy , repurposing drugs , devices and Medical equipment ,valuable input from leading Industries , Important Editors and Editors in Chief.**
(There is an exciting scientific program , welcome all, your input and feedback are deeply appreciated and very needed)

III- Also, we present real world examples of success, collaboration and initiatives in different continents **(No revelries)**.

IV- Moreover, to provide approaches to expand the number and value of the offered cancer care and **"The Win-Win Modified Blue Ocean strategy"** that entails enormous increase of opportunities to expand services via global win-win models of coordination and cooperation. Once again " All will Win".

V- The upcoming phase : The GOIS is planning for the 1st program of its kind : The fist of Global CLINICAL Oncology -Implementing Science GCOIS . It is a big ambitious program that needs the cooperation and contribution of societies and many experts and colleagues in the world.

□ Some of the important notions of the win-win international Scientific Initiative:

- No revelries. All initiatives and players are needed and are excellent. The problem is not in the players but in the game!
- The challenges to increase affordability of better value cancer care are so huge , with many aspects and different difficulties , so , all efforts , different approaches initiatives , organizations and societies are needed.
- Classic and innovative scientific approaches: brainstorming, flexibilities of thoughts and free flow of ideas.
- In the real world , to obtain our defined objective, the interests and incentives of all stakeholders are considered. All will win!. **With smart approaches** the present winners will gain more and the present losers will have opportunities to obtain their needs with dignity.

- ❑ A Question 1 to all: What is the global value of new treatments and more costs if it not affordable for the majority cancer patients in the world?

- A Question2 to all: What is the global value of awareness , screening and early detection if the patients have no access to affordable and nearby care with dignity?

I leave the answer to all of you .

- Note: We stress on that **it is waste of time** that some still posing questions in conferences or publications like with what you focus on “ **is it prevention, awareness, screening ,or treatment?**” and other questions and long discussions. It is like **what is the first the egg or the chicken?**

Well , we adopted the WHO cancer control strategies for the new millennium , 1998, led by **Prof. Karol Sikora** , and in which we contributed particularly in the part of “ Professional Cancer Education” Hence , **It should balanced strategies approaches : prevention, awareness, screening , early detection and diagnosis , treatment, follow up, palliative care , survivorship and relevant scientific researches and studies”**. We state that volume of the above portions are tailored according different communities and countries

- We emphasized on that , in all cases, better value cancer care including adequate palliation should be received with dignity by human beings in the real. It is a huge challenge , that needs all of us. (**Triple value cancer care: the patients , the community and science, as stated by Sir Muir Gray**)

- **The GO-U** : Starting in 2017, The GO-U held virtual courses in Clinical Oncology , Radiotherapy, Introduction to global oncology, Medical radiation Physics , Surgical Oncology and Clinical trials. At present among the ongoing courses. program of courses of “Global Oncology-Implementing Science” Program” (GOIS). The 1st ongoing course contains more than 80 lectures videos, live panels and documents. Registration is free all. So, Please visit

www.icedoc.website & www.ghcuniversity.org

- **Implementation science seeks to “continue the job”.**
- In many cases, biomedical research or discovery or study or trials whatever its scientific importance and value, **would not be complete** except with the scientific studies for its use in practice **and we stress on scientific studies on how to be accessible and affordable in the real world.**

(Implementation science: What is it and why should I care? <https://doi.org/10.1016/j.psychres.2019.04.025>)

- **Q:** Is the question of proposing a global cancer fund is the key for solution?
- **A:** It helps. But , it is **NOT** the magic **SOLE** big solution!

Whatever the amount of the global or local level; the richness of a country, then, if we don't adopt scientifically value based care and approaches that include reducing the waste, then , it will be like trying to fill a tank , while there are big holes at the bottom!!

Q: Could you show us some few examples of your many points (as Detailed in links to win-win, publications and books in www.icedoc.org & www.icedoc.website):

A: There are many. In next sessions we will tackle these issues in details (please consult our webs , books and contribute in the upcoming hot topics in the sesries) :, but for the moment

We cited published evidences of many authors .e.g **How to reduce the cost of 100,000 \$ or more, per patient for certain cancer drugs in USA !!!.**

& for some other drugs, it is scientifically possible to reduce the costs via scientific ways by 70-80% without compromising the outcome on patients!!! (Please see examples of references below)

- Elzawawy A M 2015 Could African and low- and middle-income countries contribute scientifically to global cancer care? J. Glob. Oncol. 1 49–53
- Ratain M J and Lichter A S 2018 Potential for value-based prescribing of oral oncology drugs. Ann. Oncol. 29 viii562
& [https://www.annalsofoncology.org/article/S0923-7534\(19\)50007-2/pdf](https://www.annalsofoncology.org/article/S0923-7534(19)50007-2/pdf)
- Ratain M J 2011 Flushing oral oncology drugs down the toilet J. Clin. Oncol. 29 3958–9
- Tannock I F 2018 Low-fat abiraterone food effect is of great consequence J. Clin. Oncol. 36 3058–9

- We stressed on what were published by many authors about the need for revisiting and reassessment of **doses of all new drugs particularly targeted and immunotherapy of cancer and clinical trials.** (Ahmed Elzawawy, GHC summit in Harvard Medical School, May 2019 and Approaching global oncology , Published June 2022 <https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf> and <https://iopscience.iop.org/book/edit/978-0-7503-3075-6>

- So , Doses could be more optimized on scientific bases, the high costs will be reduced and to avoid unnecessary toxicities, all without compromising the outcome , and even to get better outcome on patients health!

- Ratain M J 2014 Targeted therapies: redefining the primary objective of phase I oncology trials Nat. Rev. Clin. Oncol. 11 503–4
- Citation ““**One should be seeking the optimal dose, the lowest dose that produces the maximum biologic and clinical effect....**” In : Ratain M J and Lichter A S 2021 **Empowering the FDA to require dose optimization of all new oncology drugs** The ASCO Post https://ascopost.com/issues/january-25–2021/empowering-the-fda-to-require-dose-optimization-of-all-new-oncology-drugs/?bc_md5=aeb816f3fcde f2642f363a6c644bdba9&utm_source=TAP-EN-012021-INTL&utm_medium=email

After many publications , presentations (and pleas!), by many experts , that we cited over years (e.g
<https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf>)

A great news : Project Optimus (By OCE, USA FDA)

Reforming the dose optimization and dose selection paradigm in oncology

- **Purpose:**

The Oncology Center of Excellence (OCE) , USA FDA , Project Optimus is an initiative to reform the dose optimization and dose selection paradigm in oncology drug development. Too often, the current paradigm for dose selection—based on cytotoxic chemotherapeutics—leads to doses and schedules of molecularly targeted therapies that are inadequately characterized before initiating registration trials.

- **Goal:**

The goal of Project Optimus is to educate, innovate, and collaborate with companies, academia, professional societies, international regulatory authorities, and patients to move forward with a dose-finding and dose optimization paradigm across oncology that emphasizes selection of a dose or doses that maximizes not only the efficacy of a drug but the safety and tolerability as well.

- **For details** Content current as of Jan 5, 2024

<https://www.fda.gov/about-fda/oncology-center-excellence/project-optimus>

- **Q:** Could you give us one of shocking examples of the present waste of resources?
- **A:** There are many in different fields of cancer care. So, just to cite one of the examples
- The waste of the leftover in vials of some expensive cancer drugs in USA , is estimated to be 3 billions Dollars per year!!!

(Are there solutions to reduce enormously this waste? Yes...It is published! But , who listen???)

- Ahmed Elzawawy . Examples of scientific explorations for resource-saving better-value cancer drug systemic therapy , Chapter 15 , page 19 in Approaching Global Oncology. The win-win model” <https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf>
- Serritella A V, Strohbehn G W and Goldstein D A et al 2020 Interventional pharmacoeconomics Clin. Pharmacol. Ther. 108 487–93 <https://ascpt.onlinelibrary.wiley.com/doi/full/10.1002/cpt.1853>
- Medscape 2016 Leftover cancer drugs in vials cost \$3 billion annually . Medscape http://medscape.com/viewarticle/860660?nlid=102735_2201&src=WNL_mdplsnews_160325_mscpedit_honc&uac=96841ST&spon=7&impID=1037730&faf=1
- Bach P B, Conti R M and Muller R et al 2016 Overspending driven by oversized single dose vials of cancer drugs Brit. Med. J. 352 i788

Q: Instead of the repeated talks about severe shortage of radiotherapy in many parts of the world, is it possible to treat the double or even triple the number of patients with the existed present facilities in many countries?

A: YES, YES, YES, Many Authors and we presented different approaches for how to do!

Q: For the last point , to be in the real world , Will that decrease the upcoming plans for expansions and sales of manufacturers of radiotherapy device?

A : No , it will be the most operational way to show how radiotherapy is cost effective hence with smart approaches to open weak -or dead- markets for the needed new 10,000 -or more - radiotherapy -clinical oncology services (Win-Win modified blue ocean strategy)

- Ahmed Elzawawy. Science and Affordability of Cancer Drugs and Radiotherapy in the World - Win-Win Scenarios, Advances in Cancer Management, Ravinder Mohan (Ed) InTech, 2012 Free access and download: <https://www.intechopen.com/chapters/26808>
- Niloy R Datta , Sneha Datta , Massoud Samiei . Challenges for radiotherapy accessibility in the post-COVID-19 era in low- and middle-income countries: strategies to maximize available resources with minimum cost escalation. Chapter 17 in Approaching Global Oncology. The win-win model" <https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf>
- Ahmed Elzawawy and Wilfred Ngwa . Examples of scientific explorations of resource saving for better value in radiotherapy: breast cancer as a model chapter 16 -20 in Approaching Global Oncology. The win-win model" <https://iopscience.iop.org/book/edit/978-0-7503-3075-6.pdf>

Q: Question for all, including organizations , institutes , different philanthropic initiatives and governments:

If you have a sum of money or fund , do you spend on purchasing some medicines for some stratified resources care in order to offer to fractions of underserved patients as a way to increase access ?

Or , it will be of more value if you spend this sum or part of it on scientific and smart approaches to increase affordability of better value cancer care with dignity for millions of undeserved patients in the world? All will win

Again, I leave the answer to all .

- In the upcoming The 3rd & 4th and 5th ASCO-GOIS International Webinars, we'll tackle many published examples and approaches :
" **How via scientific approaches to lower the total cost of systemic cancer therapy without compromising the outcome on patients.** They are based on virtual sessions 7- 8 & 10-13 of this program Please see pages 16 -18 & 19-28 of the following Link to PDF file : GOIS program, GO-U 2023-2024 <https://icedoc.website/GOIS Program 2023-2024.pdf> "
- (N.B. **The total cost of care and not the price of a drug or or machine or device per se**)

Moreover , for you kind information we'll have a series of four GOIS webinars " **How to increase access and affordability to radiation oncology and prospects of molecular radiotherapy**".
They are based on sessions 15-21 , pages 28 -35 in the this file <https://icedoc.website/GOIS Program 2023-2024.pdf>

Q: You cited in different occasions that it is big **MYTH** to consider many of LMICS and Africa of limited resources?

A: Yes, Most of LMICS has the curse of having rich resources!. (that is why they were colonized)

Q: Is the solution to send some funds as begging or charity from rich countries to Africa or other Low Middle Income countries?

A: NO....NONO.

It should be well scientifically planned, transparent win-win approaches.

Every US dollar should have its positive return on both; Tax payers in rich counties and citizens in LMICS too and the scientific progress as well .

- Elzawayy A M 2015 Could African and low- and middle-income countries contribute scientifically to global cancer care? J. Glob. Oncol. 1 49–53

- An example of many: One of the recent article that I reviewed , estimated the cost of referring cancer patients from East Africa to India **by 2 Billions Dollars Annually !!** These costs goes to clinics in India , Commissions or Percentage to the referring cancer doctor in East Africa and the agents in between and drugs companies .
- Without offending any one or to make one side lose or to struggle to maintain their interests , the sum of 10 billions Dollars in 5 years, could establish LOCAL high quality cancer services and systems with dignity to local patients, while all will win including good income for the local cancer care professionals , keeping the national income inside the country , researches will flourish , health industries in the west will gain , other institutes or clinics –in foreign countries like India or France or wherever, could contributes as partners or to work with.
- This is just one example of many of what is going on in many other countries in Africa and others.
- **Could we change the game?** We think it that it is necessary . **WHAT DO YOU THINK?**

No one would lose!. All stakeholders will win .

The present winners will gain more and not less. The present underserved will get their requirements with dignity in the real world.

BUT, If we continue as we are , the crisis will increase for all.

Q: Isn't the time to be a **game changer , together, as organizations or as independent in coordinated , efforts , all stakeholders to be in a global win-win, smart campaign based on scientific realizable approaches?**

A: I leave the answer to all of you.

Finally , The only hope for success of this scientific initiative is to be adopted , improved, implemented and led by many of you.

The win-win International Scientific initiative **belongs to all. (And Surely to all of you too)**

The message is for all stakeholders. It is also to the younger generation and we ask them to advocate and raise the flag for better near future.

Thank you and Warmest welcome to all.

Ahmed Elzawawy

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(please visit: www.icedoc.website & www.icedoc.org)

- **Note 1:**

You notice that in most of our slides , that the text is not short and not with few words or lines. Also , as much as possible we add some references. It is intentionally in order to be as text materials. Also it will be available as video and PDF file for all who like to receive a copy or a link.

- Note 2:

Along the GOIS program and in this short lecture , we do not only transfer some information in passive way, but also we raise brain-storming points.

As we agreed together in the win-win initiative and the GO-U , we adopted the flexibilities of thoughts, free flow of ideas, classic and innovative approaches and that all be focused on scientific and practical implementation; in order to serve the goal to increase the affordability of better-value cancer care in the real world.

So, the feedback and positive interaction are welcomed , **during** the assessments of the participants in this course.

Moreover, it is encouraged to receive your feedback, critical appraisals, comments and suggestions from all experts and audience who listened to this video **in any occasion** after the program.

All your feedback is considered. Please, you can send via www.icedoc.website & <http://icedoc.net/feedback.html> & <http://icedoc.org/feedback.html> & feedback@icedoc.website