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Challenges of managing multiple myeloma in a developing country: The case of Nigeria

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Background: Multiple myelomas (MM) is one of the commonest hematological malignancies of public health importance in low-income countries of sub-Saharan Africa. It accounts for 1% of all cancer diagnosis and second commonest hematologic malignancy after malignant lymphoma. MM accounts for about 8.2% of hematological malignancies in Nigeria. The diagnosis of multiple myeloma is based on a constellation of haematologic, immunologic, histologic, and radiographic features. The two major challenges in the management of MM in Nigeria are in the diagnosis and treatment. Though primarily a disease of the bone marrow, it often poses a diagnostic dilemma for the orthopedic surgeons because of the frequent skeletal manifestations. It is usually misdiagnosed as an orthopedic disease when in the real sense it is a hematologic disease with orthopedic complications. Lack of modern equipment for diagnosis is key players in the late diagnosis of MM in Nigeria. The mean duration from onset of symptoms to diagnosis in a study was 13.12 months (95% CI, 6.65-19.58). The diagnosis of MM is made late between Durie-Salmon Stages II-A and III-B. This late staging contributes to the poor survival outcome of people living with MM in Nigeria. The last step in the management of multiple myeloma is the therapeutic intervention. The current standard holistic treatment for MM is palliative care. Palliative care offers supportive, definitive and psychosocial care for people living with MM. There is a gross inadequacy in the palliative care of MM in Nigeria. There are less than three functional radiotherapy machines serving a population of about 180 million people in Nigeria. The definitive treatment in Nigeria still remains Melphalan-Prednisolone (MP) combination regimen (>84% of MM patients) as against the standard Bortezomib-lenalidomide-dexamethasone (RVD) triplet regimen (0%). About 28% of MM patients could afford a “partial-standard” triplet regimen made up of either one proteasome inhibitor (VMP/7.7%) or one immunomodulatory agent (Thalidomide-MP/19.7%). “Partial” in this context connotes combination of a novel therapy with the old conventional regimen (i.e. MP). Stem cell transplantation (i.e. ASCT) is still a far cry in the treatment of MM in Nigeria. Only 3.8% benefited from SCT intervention carried out outside Nigeria. About 7.6% of MM patients survive up to 5 years post-diagnosis. This was below estimated 5 years post-diagnosis period survival of 44.9% recorded by SEER cancer statistics review of 1975-2007 in the USA. This study highlights some of the challenges encountered in the management of people living with multiple myeloma in developing countries using Nigeria as a case scenario. It also tends to proffer possible solutions on how to mitigate these challenges in order to improve their quality of life.

Conclusion and Recommendations: Late diagnosis and inadequate palliative care are the hallmarks of poor prognostic and survival outcome of MM in Nigeria. The government, stakeholders in health institutions and donor agencies passionate for MM have a role to play towards improving the quality of life of people living with MM in Nigeria and developing countries.

Biography

Ogbonna Collins Nwabuko was born on the 12th of November, 1972. He hails from Umuode Nsulu in Isiala-Ngwa North Local Government Area of Abia State, Nigeria. He obtained his post-doctoral (FMCPPath) fellowship in Hematology from the National Post-graduate Medical College of Nigeria in 2010. In 2012, he obtained a post-graduate certificate training in Palliative Medicine (PGCert.Pallia.Care) from the Institute for Hospice and Palliative Care in Africa, Kampala, Uganda. He is an international active member of American Society of Hematology, USA (ASH), a combined Master's and PhD student of Public Health (Epidemiology) of University of South Wales (United Kingdom) and Walden University, Baltimore, USA respectively; a lecturer with Abia State University, and a consultant Hematologist with Federal Medical Center, Umuahia, Abia State, Nigeria. He is currently an editorial advisory board member of “The Open Orthopedics Journal”, Bentham Open; Cancer Management Research, Dove press, Journal of Blood & Lymph just to mention but a few.

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