REPORT

CANCER CONFERENCE

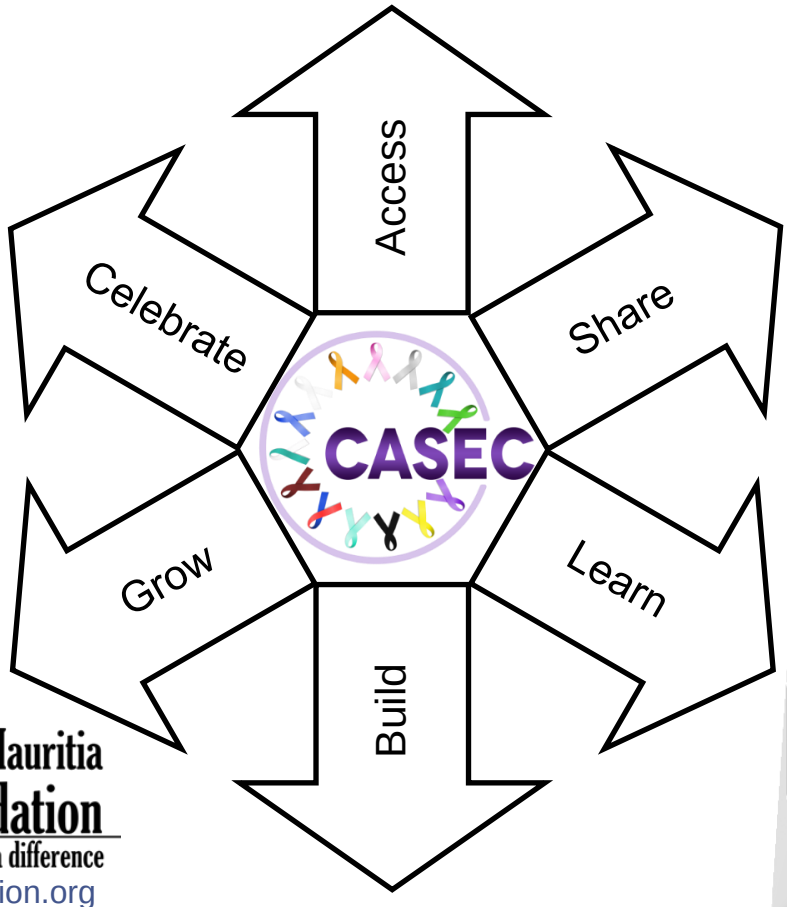
CASEC INFORMATION EXCHANGE

BRIDGING THE CANCER CARE GAP

April 21, 2018

R.I.S.E. Demonstration Center

2730 Martin Luther King Jr Ave SE, Washington, DC 20032 (610) 220 4054



the Michael & Mauritia Patcha Foundation

the brand of care that makes a difference

www.patchafoundation.org

"Tell me and I forget.
Teach me and I remember.
Involve me and I learn."

Benjamin Franklin

This is a report on the proceedings of the 2018 CASEC Information Exchange, the annual cancer conference organized and conducted by The Michael and Mauritia Patcha Foundation (The Patcha Foundation, MMPF), and members of the conference collaborative team.

This publication has been prepared to facilitate the exchange of knowledge and to stimulate discussion, and together with the presentations, videos, photographs and other materials from the conference, make up the legacy of the CASEC Information Exchange 2018.

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Together, Let's Fight Cancer and…WIN!

TABLE OF CONTENTS

INTRODUCTION

The theme of the conference is Bridging the Cancer Care Gap.

This is a summary report of the 2018 CASEC Information Exchange that took place at the R.I.S.E. Demonstration Center, S.E. Washington DC, on April 21st, where renowned speakers, panelists and the community dialogued, shared, networked, and collaborated on various aspects of the conference theme. Knowledge exchanged during the conference is meant to inform participants and the community on these aspects, including strategies for the way forward.

This conference was a collaborative effort initiated by the Patcha Foundation and coordinated by the foundation and the conference planning team (see page 3).

BACKGROUND

According to the Centers for Disease Control (CDC), factors that contribute to health disparities in cancer include low socioeconomic status (SES), high risk behaviors, exposure to carcinogens, poor treatment, barriers to access health care services, and poor social environment. Multiple programs addressing these disparities already exist, however, due to these factors, the programs are not readily available to or accessed by Africans, people of African Descent and other minority groups. Link here to the Centers for Disease Control (CDC) web page on Factors That Contribute to Health Disparities in Cancer for more on this issue.

According to the World Health Organization (WHO,) cancer is shaping up to be the primary health care issue facing Africans in the diaspora and on the continent. The cancer care gap is growing wider. While cancer mortality rates in advanced countries have declined in recent years, Africans and people of African descent continue to be burdened with ever increasing cancer deaths. The social and economic effects are devastating. Effective solutions must include building sustainable partnerships with stakeholders in advanced countries that are on the forefront of cancer treatment, education, innovation and research.

LOCATION

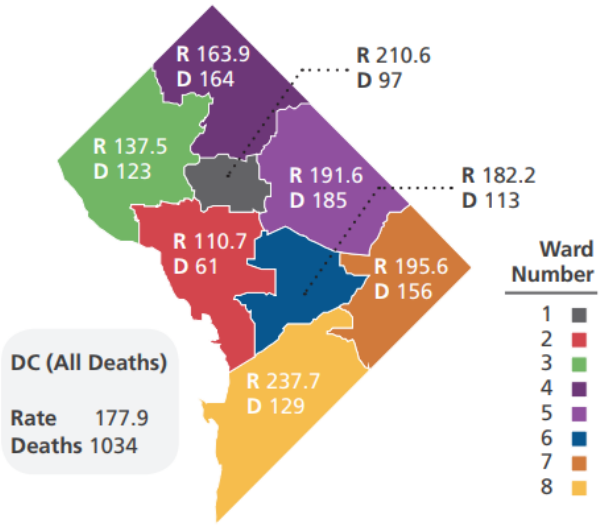
This year's conference was held in Ward 8, a neighborhood of Washington, DC.

Table 1. Age-Adjusted Mortality Rates by Ward for Prostate Cancer, 2008 (per 100,000 persons, age-adjusted to 2000 US standard)

Ward	Rate
Ward 1	25.8
Ward 2	25.5
Ward 3	13.1
Ward 4	27.6
Ward 5	24.1
Ward 6	47.0
Ward 7	30.0
Ward 8	98.9

Table 3. Age-Adjusted Mortality Rates by Ward for Female Breast Cancer Deaths Occurred in 2008, DC Residents[16]

Ward 1	21.0
Ward 2	24.5
Ward 3	19.8
Ward 4	22.1
Ward 5	40.5
Ward 6	28.5
Ward 7	29.9
Ward 8	39.0



Data source: District of Columbia Vital Records, 2013.
Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard.
Note: ~ Data are suppressed if fewer than 16 cases are reported in the specific category.

Washington, DC data by ward

According to the CANCER.GOV interactive Incidence Rates Table, Washington DC has the highest rate of cancer incidence (477 per 100,000) compared to the national rate (443.6 per 100,000).

According to the DC Cancer Consortium in the District of Columbia Cancer Control Plan 2018 – 2018, Washington DC's Ward 8 has the highest incidence of breast cancer (173.9 per 100,000) in the District.

Ward 8 is also home to the highest proportion of African Americans and residents with the lowest household incomes.

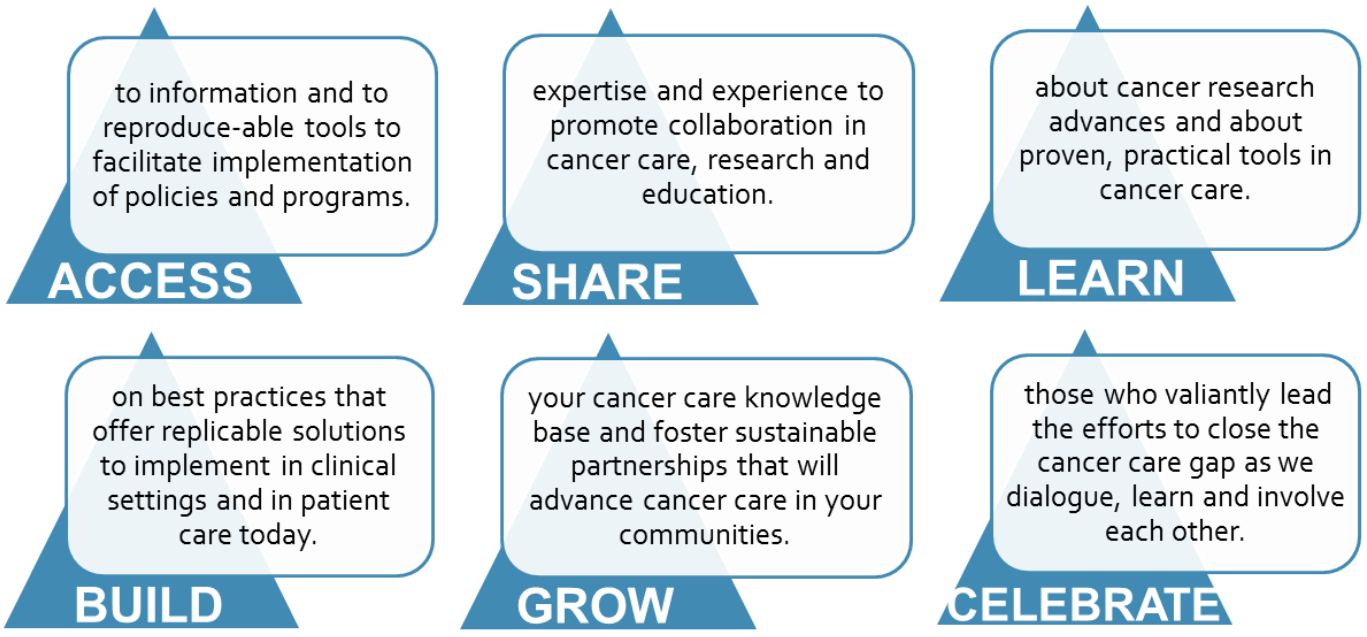
SETTING THE CONTEXT OF THIS INFORMATION EXCHANGE

We must position ourselves now to optimize partnerships, take full advantage of the wide resources available and actively explore opportunities for collaboration and capacity building between advanced economies and low resource communities globally.

GOAL

The CASEC Information Exchange (CIE) is a forum that engages renowned experts and the community in a dynamic exchange about the disparities and challenges in cancer care in African communities globally as well as in other ethno-economically underserved communities, in order to provide tools and build partnerships to bridge the gap, build capacity, improve outcomes and reduce the cancer burden.

CONFERENCE OBJECTIVES



EXPECTED OUTCOME

The exchange of information between clinicians, researchers, educators, community leaders, key stakeholders and other attendees offer the latest perspectives to understanding solutions including those that may already exist, and the challenges to implementing them. The conference expectations include the identification of workable solutions for the way forward,

implementation tools and key opportunities for collaboration. The participants gain insight into innovations for prevention, innovations to improve early diagnosis, and innovations to improve cancer care delivery.

TARGET PARTICIPANTS

The conference was open to everyone including: cancer practitioners, researchers, NGO and non-profit managers, health policymakers, frontline staff in cancer care: oncologists, nurses, pharmacists, social workers and other clinicians, the community: cancer patients, survivors and caregivers and other cancer care stakeholders.

CONFERENCE PLANNING TEAM

Stella-Maris Adamu/Marie Jones/Bonie Chungong
Patcha Foundation CIE Events Planning Committee

Ray Michael Bridgewater
Assembly of Petworth

Pastor Ricardo Payne
The Lighthouse Baptist Church

Leslie Jackson
TAJS Solutions

Dr. Jethro Ekuta
Coordinator with
Cancer Support Community

THE PATCHA FOUNDATION

The Patcha Foundation was established in 2008 to educate women about breast cancer and to empower them with tools, like breast self-exam, to increase cancer survivorship. Since 2012 the foundation has expanded to include advocacy for a reduction in the prevalence of all cancers and other chronic conditions like HIV/AIDS, cardiac disease, diabetes and hypertension. Our goal is to reduce the impact of cancer on African communities in the diaspora and on the continent.

Our Mission

To eradicate diseases through an effective mobile health delivery system by improving the living conditions of people in disadvantaged communities through the creation, support and distribution of economic and knowledge-based development systems, agro-industrial methods for sustainable living, education, and life-improving infrastructure.

Our Vision

To become the pre-eminent health, educational, economic empowerment, and life-improving delivery system in impoverished regions of the world

CONFERENCE AGENDA

8:00 AM

Infectious Diseases Screening, Education and Advocacy: HIV/AIDS, STD/STI, Hepatitis, TB and HPV

Dr. Abimbola Idowu
Dr. Anne Burnley
Dr. Bruce W. Furness
Christine E. Thomas, MPH

9:00 AM

Welcome Address
Rosaline Ngaaje

Greetings From Mayor's Office
Dr. Soro Yah Kignaman

Keynote Address
Dr. Wilfred Ngwa

9:30 AM

Cancer Support Community Presentation - Cancer Risk Among African Americans - Part I
Dr. Jethro Ekuta

10:00AM

Cancer Diagnosis, Treatment, Prevention and Advancement: Closing the Health Disparities Gap

Jocelyn Cudjoe
Dr. Samuel Dongmo
Dr. Bernard Kwabi-Addo
Rao Nibhanupudy
Dr. John Ojeifo
Dr. James Zabora

11:00AM

Men's Health...Coming to America and Living in America: Exploring Effective Screening Approaches, Treatment and Community Outreach

Dr. James Dula
Okey K. Enyia
Henry D. Jones
Adrian Valdivia

12:00 PM

Lunch and Learn with Goya Foods
Meriterese Rocanelli

Spirit of Community Award

[Hepatitis B Initiative of Washington, DC]
Stella-Maris Adamu

1:00 PM

MMPF eMed Network
Dr. Anne Burnley
Bonie PaJoe Chungong

1:30 PM

Improving Healthcare Through Mobile Unit Technology

Ray Michael Bridgewater
Luigi Leblanc
Dr. Johannes Schweizer
Dimitry Petion
Kevin Walter Smith
Chuck Sullivan

2:30 PM

Cancer Support Community Presentation - Cancer Risk Among African Americans - Part II
Dr. Jethro Ekuta

3:30 PM

Finding the Funding - Investing in Healthcare Infrastructure
Calvin L. Smith Sr.
Dr. Johannes Schweizer

Knowledge is like a garden. If it's not cultivated, it cannot be harvested.
African proverb

THE WELCOME ADDRESS

Rosaline Ngaaje

Founding member and President of
The Sakerettes Transglobal Alliance (STA)

Cancer treatment is very costly. Investments in health represents real input into economic growth and global security. The Patcha Foundation has taken a pragmatic approach through its CASEC initiatives, working with other agencies to address cancer issues. Let us be committed to fight cancer to WIN!.

Go Here for excerpts of this recording

GREETINGS FROM DC MAYOR'S OFFICE

Dr. Soro Yah Kignaman

Deputy Director, D.C. Mayor's Office on African Affairs (MOAA)

"This conference is exactly the kind of event we like to support in order to serve our community in the District….Serving the African community in the District is our main goal."

"The Mayor's office will continue to support organizations like the Patcha Foundation, which through targeted outreach, work for the welfare of the African community in the District."

Go Here for excerpts of this recording

"If access to health care is considered a human right, who is considered human enough to have that right?"

Paul Farmer

THE KEYNOTE ADDRESS

Dr. Wilfred Ngwa

Director of the Harvard Global Health Catalyst

Dr. Ngwa talked about key aspects of cancer management including prevention, treatment and palliative care.

Prevention:

Two ways that we can bridge the cancer divide is through "ubuntu", and ICTs. Ubuntu means human connectedness. (Ubuntu is an East African word for collectivity and collaboration. It means "I am a product of those who surround me", "I am because we are")

Africa does not yet know how to deal with cancer. Cancer is chronic, with more people getting diagnosed with the disease. Some key risks are tobacco, lifestyle changes and lack of awareness. As tobacco products are more regulated in high income countries, tobacco companies move these products to developing countries. There is an increased adoption of western lifestyles. For example, more people are eating unhealthy western foods like pizza instead of organically grown products. Lastly, how can we even start the conversation about cancer, since there is no word for it in most of the 2000 languages in Africa? Having cancer carries a stigma and some people consider it witchcraft.

There are disparities in treatment: You are more likely to die from the disease in Africa than if you were in a high income country.

Palliative care:

Many people in Africa cannot even die in dignity. There is no access to pain medication. Morphine is not available in most African countries.

Treatment:

Over 50% of cancer patients are treated with radiotherapy. In Nigeria currently, 7 centers have radiotherapy machines, but only one of them works, and that is one working machine for over 20 million people. About 23 African countries have no radiotherapy machine. Health tourism from Nigeria is about a 2 billion dollar industry, from Nigerians traveling outside the country to seek better healthcare..

Information and Communication Technologies ICTs:

In Africa about 90% of people have cell phones. How can that be leveraged to address the health divide? The cell phone has provided unprecedented access that can be leveraged to address this issue. The Patcha foundation is using information and communication technologies in their Telemedicine/telehealth program.

Here are some examples: Take a picture of someone and send it to Boston and from that picture, a disease diagnosis can be made by an expert. Cell phones can also be used to send reminders to people for self-tests which can save lives, such as Breast self-Exams (BSE's) that can catch cancer early. Cell phones can also be used to caution people about tobacco consumption.

Education and training is very important to build capacity, and that can be done using information and communication technologies. AORTIC, one of the biggest African organizations that deals with cancer, started online training classes using ICTs.

Go Here for excerpts of this recording

INFECTIOUS DISEASES SCREENING, EDUCATION AND ADVOCACY: HIV/AIDS, STD/STI, HEPATITIS, TB AND HPV

Abimbola Idowu, DrPH *Commissioner, Maryland Governor's Commission on African Affairs – Moderator*
Dr. Anne Burnley *- Diplomate of the American Board of Preventive Medicine*
Dr. Bruce W. Furness *- Medical Epidemiologist in the Division of STD Prevention at CDC*
Christine E. Thomas, MPH *- Project Coordinator for the Hepatitis B Initiative of Washington, DC (HBI-DC)*

Dr. Idowu moderated this panel's discussion on HPV, Hepatitis, HIV and other STDs, and TB. Dr. Idowu stated that there are findings linking certain cancers / chronic conditions to TB. TB seemed to be a risk factor for some of the cancers. The panel also weighed in on the new Department of Homeland Security proposal allowing immigration officers to scrutinize and consider the use of certain taxpayer-funded benefits when deciding permanent residency applications. "I want to sensitize us to this issue….Let our voices be heard…Advocacy is really key."

Regarding HPV and TB, studies have looked at women infected with HPV and the risk of persistent HPV was shown to be higher in women infected with TB, who were also less efficient at clearing HPV???. The BCG vaccine does not prevent TB. It can prevent death as it confines the disease in the lungs where it can be treated. TB takes advantage of the immune system. A patient with a history of TB could mean higher risk for HPV. Regarding HPV vaccine, for a young person with history of sexual abuse, the recommendation is to test for HPV as early as age 9. There is more acceptance of the HPV vaccine now than in previous years. The vaccine has been vigorously tested and a vaccine adverse reaction reporting system is in place in the USA, and that data has been analyzed.

Regarding hepatitis, there are 5 major types. The main difference is in incubation, transmission and treatment. Hep B and C will lead to liver cancer if untreated. Hep B has vaccine but it's a lifelong disease. Hep C has no vaccine but there's a cure. Populations in Africa have high prevalence of Hep B. In an effort to eliminate Hep B in African immigrant communities, HBI-DC started outreach and screening in these communities. Most people do not have symptoms and will not know unless they get tested. There is a cultural stigma compounded by confusion about how the disease is contracted. It's important to link people to care and to understand that if untreated, it can lead to death.

Regarding HIV, other STDs and TB, currently HIV is considered a chronic condition similar to high blood pressure and cholesterol, and treatment is lifelong. There is a huge national and local campaign: U=U undetectable equals untransmissible.

Several ways of HIV prevention: (1) screening, testing and treating for other STDs. (2) PREP (pre exposure prophylaxis) - One pill once a day to prevent acquisition of HIV. PREP clinic on Wednesdays in the District, at 77 P Street. (3) Condoms when used consistently and correctly will prevent STDs. (4) Treatment is prevention. Know your status, get on medication so your viral load is undetectable. There is low risk of transmitting if viral loads are suppressed. High % of people do not know their status. HIV Care cascade is used all around the country, to try to measure how many people have been tested, know their status, receiving care. 90-90-90-50 plan. 90% of people with HIV should know they are positive, 90% of those that know should be in care, 90% of those in care should be virally suppressed, and reduce the number of cases by 50% by 2020.

Majority of the TB cases in D.C. are among foreign born individuals, and most likely because of the BCG (Bacillus Calmette–Guérin) vaccine that does not cure the disease.

The panelists discussed newly-proposed health and immigration policy and agreed that any policy that makes people afraid to seek help will drive people underground, which will eventually increase incidence of HIV, other STDs, Hepatitis and other diseases. Instead of stopping diseases at early stage, we will see people in emergency care at late stage. These diseases do not choose people because of their immigration status. It's difficult to engage the immigrant population, as many feel like getting free Public health services is very difficult.

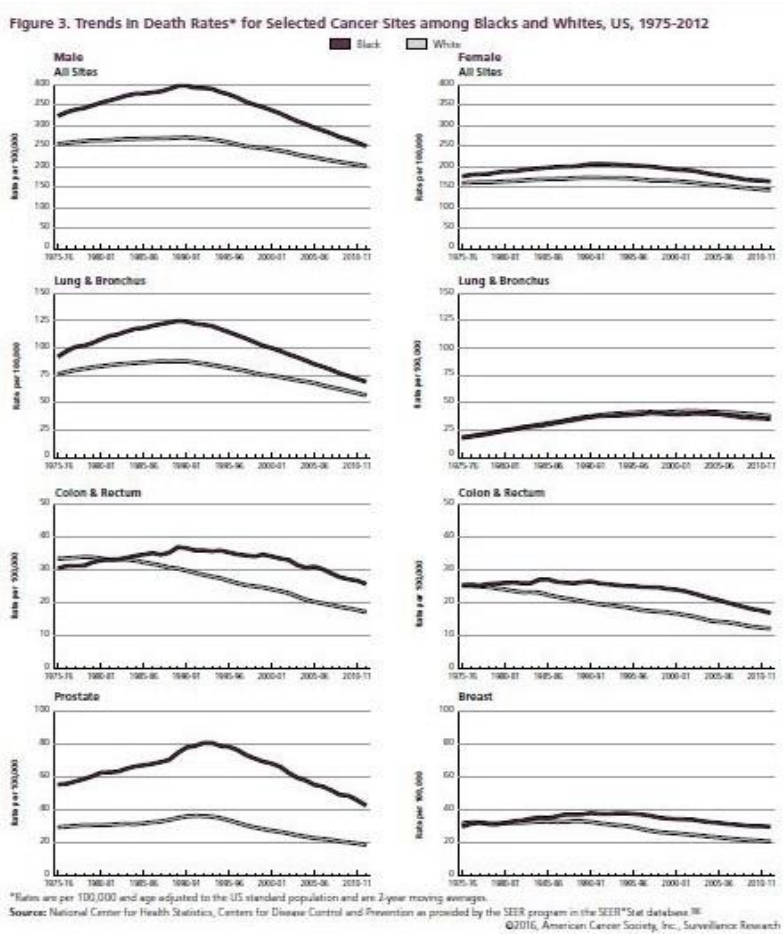
Go Here for excerpts of this recording

CANCER SUPPORT COMMUNITY PRESENTATION – CANCER RISK AMONG AFRICAN AMERICANS - PARTS I AND II

Jethro Ekuta, DVM, PhD
VP and Head of Regulatory Affairs North America, Johnson and Johnson Consumer, Inc. – Presenter

This presentation was sponsored by the Cancer Support Community who also provided the presentation materials.
http://www.cancersupportcommunity.org

Top three cancers among blacks and African Americans: breast, prostate and colorectal cancers.



Men: top cancers: 1/3 of all cancers in men is prostate, 15% is lung cancer and about 10% is colorectal, making up about 50% of all cancers affecting men. Women top cancers: 1/3 of all cancers among black women is breast cancers, 10% is lung cancer and 10% is colorectal, making up about 50% also.

These are also the top cancers that kill most frequently, with lung cancer being the top killer and only second to heart disease which remains the no 1 killer among the black population.

Disparities exist as can be seen from the graphs. African-American men and women are more likely to be diagnosed with or die from certain cancers than Whites, although the disparities are less now than they were 20 years ago.

There are many reasons for disparities, including lack of access to care, insurance, discrimination by health care providers, lack of education, housing such as living in a home with radon, environmental pollutants, food, diet, weight, sedentary lifestyle, genetic component, access to clinical trials.

Dr. Ekuta discussed symptoms and risk factors and what people can do to reduce their risk of getting or dying from these top killer cancers in black men and women.

Go Here for excerpts of this recording(1) Go Here for excerpts of this recording(2)

Go here for the Presentation Slides Cancer Risk Among African Americans slides

CANCER DIAGNOSIS, TREATMENT, PREVENTION AND ADVANCEMENT: CLOSING THE HEALTH DISPARITIES GAP

Jocelyn Cudjoe *– Medical oncology nurse, PhD candidate at Johns Hopkins School of Nursing: Moderator*

Dr. Samuel Dongmo *- Clinical Research Director, Next Generation Sequencing - Labcorp & Quantomix*

Dr. Bernard Kwabi-Addo *- Cancer biologist and Associate Professor of Biochemistry at Howard University*

Rao Nibhanupudy *- Medical Physicist, Consultant to Best Medical International, Inc. and TeamBest Companies.*

John Ojeifo, MD, PhD, MBA *- Health Scientist, National Cancer Institute/NIH Center to Reduce Health Disparities*

Dr. James Zabora *- Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins*

Ms. Cudjoe said that addressing the cancer disparities gap is for everyone. She asked each of the panelists to discuss their work and how it relates to cancer diagnosis, treatment, prevention and advancements, and in closing the health disparities gap.

Dr. Rao discussed that in Africa the big radiotherapy machines do not work because of the level and cost of maintenance needed. The simple cobalt 60 machines like the Best Medical machines require little maintenance and are inexpensive, with a high shelf life, and they are better for developing nations than accelerators that are used in the USA. Other machines are brachytherapy machines with isotopes where the isotopes are implanted in the cancer. The HDR (High dose ray) machines have cobalt 60 isotopes that can be used to treat breast cancers.

Dr. Dongmo discussed the challenge with understanding cancer at the nano-scale level. At the 2018 Annual Meeting of the American Association of Cancer Research, one of the conclusions was that specialists are not focusing on curing cancer but instead on making the lives of cancer patients easier through personalized medicine, resulting in better diagnostic, therapeutic and prognostic outcomes. This is all done with better knowledge of the interaction of cells at the genes level. He said that minority populations must be represented in clinical studies and in acquiring greater knowledge. For more information on data, visit clinicaltrials.gov.

Dr. Ojeifo provides funding opportunities for training and career development for individuals from underserved backgrounds. He discussed the reasons for each level of all spectrum of disparities. He designed CURE (Continued Umbrella of Research Experiences), an NIH program focused on increasing diversity in cancer disparities research. He explained that women are passionately working in the forefront to ensure disparities are eliminated. Cancer is the world's greatest con-artist that must be eliminated. There are 13 common cancers now related to obesity, including glioblastoma.

Dr. Kwabi-Addo discussed how the environment interacts with the genome to effect susceptibility resistance or response to therapeutic treatment. There are significantly higher genetic changes in tissue samples from African Americans. Genetic changes contribute to gene expression which may contribute to the more aggressive cancer seen in minority men. There is a strong environmental component in terms of diet and stress. Individuals of Asian background have lower incidence in their countries of origin, yet the 2nd and 3rd generation migrants have a higher incidence rate, comparable to Caucasians. Currently there is not a good marker for prostate cancer detection. All we have is PSA. He challenged the panelists present to work to come up with better markers.

Dr. Zabora discussed working on a prevention control module, focused on primary as well as tertiary prevention. Tertiary prevention involves access to quality cancer care. The results were unexpected. Some high risk zip codes were identified in the Baltimore area for the Tertiary prevention program. Breast cancer prevalence was highest, followed by prostate, lung and liver. In Baltimore he worked with tumor registries and John Hopkins, and created a database that links to a call system to reduce the time from first call by a patient, to biopsy in order to cut down the time from 8 weeks to 2 weeks. Johns Hopkins is developing liquid biopsy that can screen for 8 cancers.

Go Here for excerpts of this recording(1) Go Here for excerpts of this recording(2)

MEN'S HEALTH…COMING TO AMERICA AND LIVING IN AMERICA: EXPLORING EFFECTIVE SCREENING APPROACHES, TREATMENT AND COMMUNITY OUTREACH

Dr. James Dula

CEO of James Dula Consulting, Maryland's Commissioner for Small Businesses: Moderator

Okey K. Enyia

Management Analyst at the Department of Health and Human Services

Henry D. Jones

Supervisor Director of DC Mayor Bowser's S.T.E.P. (Strengthening Teens Enriching Parents) unit

Adrian Valdivia

Gender Equity and Healthy Masculinity Training and Technical Assistance Consultant

Dr. Dula engaged this panel in a discussion about men's health and the main factors affecting the health of black men.

An ounce of prevention is worth a pound of cure. Men do not like to go to the doctor and do not keep up with prevention check-ups. Some do only after getting sick, for example if they have a high PSA level. Ward 8 alone (locality where the conference is holding), has one of the highest incidence of death from kidney disease.

Should racism be treated as a disease?

With the following series of questions posed by a panelist, this panel discussed that the black man's health problem may not be mainly physical.

Is the physical a manifestation of greater symptoms in our spirituality, mentality, psychology? For example, if someone is 100 to 200 lbs overweight, is that solely a physical problem?

Should the mind not be treated as well if someone cannot stop eating?

What are the main stresses of life for black people? High blood pressure and diabetes are manifestations of stress, and a lot of stress factors have to do with racism.

New York Times report on black men: Extensive Data Shows Punishing Reach of Racism for Black Boys.

The article explained that even when children grow up next to each other, in families with the same income, in similar family structures, and similar education levels, black boys fare worse than white boys in 99 percent of America.

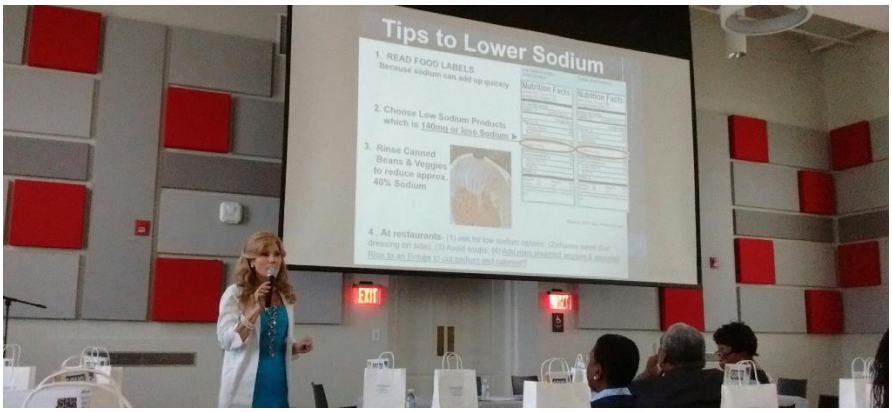
This panel agreed that the process of achieving better health for black men should start with their minds and bodies.

There was a call to join The African American Male Walk/Run event, a national health initiative focused on bringing awareness to black communities around preventable diseases. This year the 5k Walk/Run in Washington DC is on August 4. It starts with free screening for HIV, diabetes, high blood pressure, prostate cancer, and other diseases.

https://www.aawalk.org/dc

Go Here for excerpts of this recording (1) | Go Here for excerpts of this recording (2) | Go Here for excerpts of this recording (3)

LUNCH AND LEARN WITH GOYA (Sponsored by GOYA Foods)



Meriterese Racanelli, MS, R&D Food Scientist/Nutritionist,
renowned expert on cultural foods, nutrition, nutrigenetics, and disease

Picture perfect health:

One of the biggest problems people face is picture perfect health, looking good on the outside but not so much on the inside.. For example, Florence Joyner was picture perfect but died at 38 with hypertension as a contributing factor. We must focus on the inside and not just on the outside. Hypertension is a silent killer. People of African heritage are salt sensitive. The African continent is diverse and people from different areas have different genetic backgrounds. Not all Africans eat the same, and are different biochemically and dietarily.

Choose My Plate meals. (choosemyplate.gov.) MyPlate meals are fast, nutritious and of lower cost.

Salt / Sodium:

Too much salt will affect your health and appearance. Years ago the salt shaker was on the table. Today, it is off the table, yet salt is still being used improperly. Almost everything we eat has salt added. Even fresh and organic foods can cause heart diseases and cancer if too much salt or sugar has been added. Different people have different taste buds. It's not one size fits all. Being a vegan does not preclude someone from developing diseases if too much salt or sugar has been added to foods. Once salt has been pre-added to foods, it cannot be subtracted. Check sodium levels on all foods before buying. Even on cereals, salad dressings, breads, even healthy breads. Sodium adds up!

How to make a difference:

Tip #1: Read food labels. The total amount of sodium per serving size will be listed in the Nutrition Facts Panel. If salt has been added to a product the FDA requires that it be listed in the Ingredient list.

Tip #2: When choosing food, look on the Nutrition Facts Panel for Sodium at 140mg or less sodium per serving.

Tip #3: When cooking and preparing food, it can be helpful to avoid adding salt and allowing everyone at the table to salt it themselves before eating. Think of the phrase " Salt Last, not first".

Tip #4: For all canned products, drain and rinse, timing yourself by singing happy birthday song twice, to reduce the sodium.

Tip #5: At restaurants ask for low sodium items. Ask for dressings and sauces on the side instead of already dressed. Avoid restaurant soups unless they state "low sodium". To help reduce excessive sodium and saturated fat, split 1 entrée between 2 people and order steamed vegetables to mix in.

Many Africans / African Americans can experience negative issues with cow's milk, but may find they tolerate goats milk or water buffalo milk better. Goats milk and meat has been common with Jamaican and Haitian cultures and waterbuffalo common in certain African countries. For many people from the Caribbean and tropical areas who find that they are dairy intolerant, enriched coconut milk or enriched rice milk may be a positive solution. Even beans can be different amongst countries and cultures. Some beans can even be allergens. From around the 1500's, Cassava (yuca in Spanish) has been a primary staple for many African countries instead of potatoes. As Meriterese has stated " Food is not one-size -fits all".

LUNCH AND LEARN WITH GOYA CONTINUES

AFRICAN MYPLATE LUNCH MENUS served during lunch - NO SALT RECIPES

Created By Meriterese Racanelli, MS, R&D Food Scientist/ Nutritionist

Goya® MyPlate Meal- Meat choice

MyPlate Caribbean RED Bean Salad

MyPlate Pork Carnitas with onions & garlic

MyPlate Yellow Rice (Lower Carb version)

1 serving each per person

- **1 cup MyPlate Caribbean Red Bean Salad**
- **2.5 oz MyPlate Pork Carnitas with onions & garlic**
- **1/3 Cup MyPlate Yellow Rice**
- **1 Cup Enriched Non-Dairy Milk** ***(ie SILK® Enriched Coconut Milk; SILK® Enriched Rice Milk; SILK® Enriched Soy Milk; or Enriched GOATS Milk) offer flavored tea bags***
- **+ ½ cup of fruit** ***(you can combine the fruit & non-dairy for a smoothie)***

Goya® MyPlate MEAL-Chicken choice

MyPlate African Butter Bean Salad

MyPlate Herbed Bitter Orange PEri PEri Chicken

MyPlate CORN FUFU with peppers, onions

1 serving each per person:

- **1 Cup MyPlate African Butter Bean Salad**
- **2.5oz to 3oz MyPlate Herbed Peri Peri Chicken**
- **2 MyPlate FUFU rolls filled with sautéed peppers, onions, cilantro**
- **1 Cup Enriched Non-Dairy Milk** ***(ie SILK® Enriched Coconut Milk; SILK® Enriched Rice Milk; SILK® Enriched Soy Milk; or Enriched GOATS Milk) offer flavored tea bags***
- **+ ½ cup of fruit** ***(you can combine the fruit & non-dairy for a smoothie)***

Go Here for the MyPlate Lunch Recipes

MMPF EMED NETWORK

Anne E. Burnley, MD, MHS
Diplomate of the American Board of Preventive Medicine. Supervisory Occupational Health Physician and Public Health Consultant at a local Army Medical Clinic. – Presenter

Bonie Chungong – *eMED Network*

http://patchafoundation.org/services/mmpf-e-med

This panel presented the Patcha Foundation telemedicine program, the MMPF eMED Network. This network uses various modalities to remotely diagnose, monitor, and treat patients that are in remote settings.

- "Real-time", two-way interaction between a patient/provider and another provider using audiovisual telecommunications technology, and used in consultative, diagnostic and treatment services.
- Pre-recorded information such as digital images, transmitted through secure electronic communications system to a specialist/consultant off site who uses the information to evaluate the case or provide services outside of real-time.
- Personal health and medical data collected from an individual in one location is transmitted to a provider in a different location for use in care and related support. The provider can continue to track healthcare data for the patient once released to home or a care facility, reducing readmission rates.
- Applications including targeted text messages using mobile communication devices such as cell phones, tablet computers, and PDAs, are used to promote healthy behavior and alerts about disease outbreaks.

Three case presentations were made:

- Baby Z.., with retinoblastoma as a fungating orbital mass, who received care through the eMED Network.
- 7 year old boy with a very large hernia who received care through the eMED Network.
- CASEC Medical Mission 2017 to Far North Cameroon where 46 eMED consultations occurred.

Go Here for the Slide of this Presentation

together,
let's fight cancer and…WIN!

IMPROVING HEALTHCARE THROUGH MOBILE UNIT TECHNOLOGY

Ray Michael Bridgewater
President/CEO – Assembly of Petworth - Moderator

Luigi Leblanc
VP at Zane Networks, public health professional in Telemedicine/Telecommunications technologies

Dr. Johannes Schweizer
Chief Science Officer at Arbor Vita Corporation

Dimitry Petion
President/CEO – Mulberry Systems

Kevin Walter Smith
CEO & Chief Principal Consultant at Omega Consulting Solutions

Chuck Sullivan
Sales and Business Development Consultant at SPEVCO

The moderator focused the panel discussion on role of technology on:
a) Intake and tracking and, improving communication between patient and doctor:
b) Biomedical surveillance programs, where used and some results
c) Vaccination and the need for screening
d) Mobile units

a) What do doctors do with referrals that are received? What can be done to ensure a successful first doctor visit? Do doctors have the best practice guides? There is software developed that tracks what needs to happen before your first visit. It requests your records from external facility; captures every time you interact with the office, and reduce lag time to first appointment from 2 – 6 weeks to 24 – 48 hours. Therefore at that first visit the doctor has EMR that has been populated with patient information (a collection of information from diagnosis, scans, etc) to enable an effective first visit. Doctor does not have the empty folder syndrome.

b) There is software developed for US Dept. of Defense to look at diseases, potential outbreaks "in theater" *[in theater signifies and area in which combat operations are occurring]*. Some people exposed to aerosol or other material released in the environment were showing biomarkers that were cancerous after being "in theater". The software was also used from a biodefense standpoint in the community to check data from foods eaten to chemicals in the atmosphere. The data shows that unless people change their ways holistically from foods eaten, agents/chemicals used in buildings and food, etc, then, in PG County for example, it shows that 55 - 60% will have some form of baseline cancer in the next 10 to 12 years in a target group of people ages 30 – 65. The community impacted the most know the least about the diseases. People have genetic predisposition to cancer just like they do to diabetes, hypertension, sickle cell anemia. Many have multiple issues. Want to start to build profiles of people in the county to address this. It is costly to generate data for a baseline system. How will it be affordable to the residents?

c) With cervical cancer for example, we will see the effect of girls getting vaccinated at a young age, when they are 40 to 50 years old. Currently in Australia, all age appropriate children gets vaccinated.
To develop an effective vaccine for a range of diseases to treat a variety of the population segment, there needs to be a range of genomic material to develop proper assays. There is not enough random sampling of the African diaspora genomic material to know if the assays being screened to develop the vaccines will be effective for that segment. We need personalized medicine. Information is needed from the population to develop the right vaccines for a number of diseases and to make them affordable.

d) The SPEVCO mobile units are Ready Response medical units, that can be customized to deliver quality telehealth / telemedicine.

This panel also discussed security for electronic records.

Go Here for excerpts of this recording (1) Go Here for excerpts of this recording (2)

FINDING THE FUNDING - INVESTING IN HEALTHCARE INFRASTRUCTURE

Calvin L. Smith Sr.

Program Director, National Cancer Institute Center to Reduce Cancer Health Disparities - Moderator

Dr. Johannes Schweizer

Chief Science Officer at Arbor Vita Corporation

Some of the questions posed by the moderator, Calvin Smith Sr. were:

> How do we get funding? For example, when the NIH funds a project, how does that happen?
> Did the NIH have the scope of work or did your organization have to develop one to submit?

Dr. Schweizer explained that his organization uses known knowledge that has been established for a long time and proven from academic research. This fundamental base research is very important. The academic research and fundamental base research are the basis of everything that will be applied for future advancements.

Fundamental research is being done and funded already by organizations like the NIH.

For example, Arbor Vita Corporation has made a test bed, a very good biomarker for cancer. The next step is to use existing biotechnology knowledge that has been tested and validated by others to improve on the test bed.

The organization will then need to put a scope together and present it to the NIH to fund. Apply your research to their framework. Many grants from NCIS are small business research funded through the Small Business Innovation Research (SBIR) program. The SBIR program encourages small businesses to engage in federal research.
Visit https://www.sbir.gov/.

Where does one begin?

First research the organization that is the funding source. Write your proposal from their point of view.

What is average cost of grant writing and how long does it take?

A grant proposal has some basic components: the organizational history, methodology, key personnel, scope and cost. Grant reviewers read grants from back to front.

Where to find funding

Visit SBIR online and other online funding request listing. Look at state budgets. The state or localities do their budgets in January.

Go Here for excerpts of this recording

SPIRIT OF COMMUNITY AWARD

HBI-DC's mission is to mobilize communities to prevent liver diseases caused by viral hepatitis among Asian Americans and Pacific Islanders, African immigrants, and other high-risk groups. Through collaborative partnerships, the organization provides culturally and linguistically appropriate viral hepatitis outreach, education, screening, Hep B vaccination, linkage to care, and patient navigation services for impacted communities.

Hepatitis B Initiative of Washington, DC (HBI-DC) is a 501(c) 3 nonprofit organization that was established in 2006.

In 2009, Jane Pan, its Executive Director, began building the foundation for a grassroots approach to collaborating with community leaders to provide hepatitis B education and screening. In 2013, HBI-DC began providing hepatitis C education and screening.

HBI-DC engages in activities that help promote positive change that affect the lives of high risk populations in the Washington, DC metro area through: 1) collaborative partnerships, 2) culturally and linguistically appropriate HBV and HCV outreach and education, 3) screening, 4) vaccination for HBV, 5) linkages to care, and 6) patient navigation services for impacted communities.

Hepatitis B Initiative of Washington, DC (HBI-DC)
http://hbi-dc.org/

Yvonne Brooks-Little, Board Member and Christine E. Thomas, MPH, Project Coordinator for HBI-DC, received the award on behalf of HBI-DC.

HOSTS

Omega Tawonezvi

Chair of the African Affairs Advisory Group of Montgomery County, Maryland. In this role she leads a group that advises the County Executive on issues that pertain to Africans who live and work in Montgomery County Maryland.

Dr. Judy Obong-Ndanema

Pharmacy Operations Manager with Trivergent Health Alliance Management Services Organization.

COMMUNITY GIVE-AWAY ITEMS

Participants helped themselves to various donated give away items. Winner of the business card draw received GOYA Foods gift baskets. The Foundation especially acknowledges Goya Foods, TeamBest, the Lighthouse Baptist Church and TAJS Virtual Solutions for the donated items.

GOYA Foods Gift Baskets

Bags with various gift items.

Goya Foods donated three baskets with a variety of Goya items

CONFERENCE ASSESSMENT

The Patcha Foundation is able to analyze participant satisfaction as well as capture common themes and action items. Conference evaluation surveys were distributed during the conference. This was the primary conference assessment tool. Other non-tracked assessment was verbal feedback from participants during and after the conference. The verbal assessment is noted but not used in analysis.

EVALUATIONS

For this conference, 2 sets of evaluations were required from attendees.

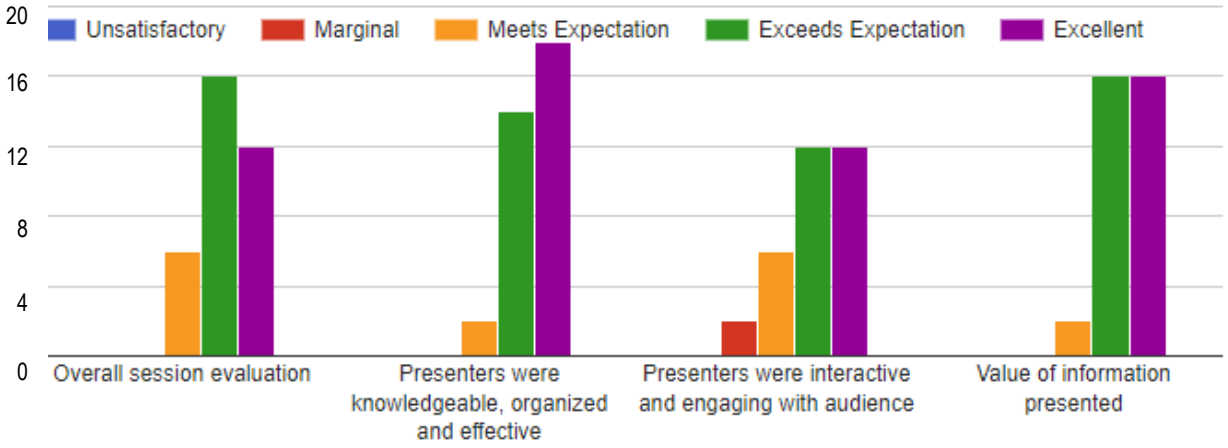
Cancer Risk Among African Americans - Workshop Evaluations

This workshop was sponsored by the Cancer Support Community. Separate CSC evaluations for this workshop were collected by them for analysis.

CASEC Information Exchange Evaluations

35% of participants completed the CASEC Information Exchange conference evaluation forms. The evaluation survey was designed to collect qualitative data and identify some common themes that are helpful in understanding how effective the conference was, and helpful to synthesize participant expectations and satisfaction.

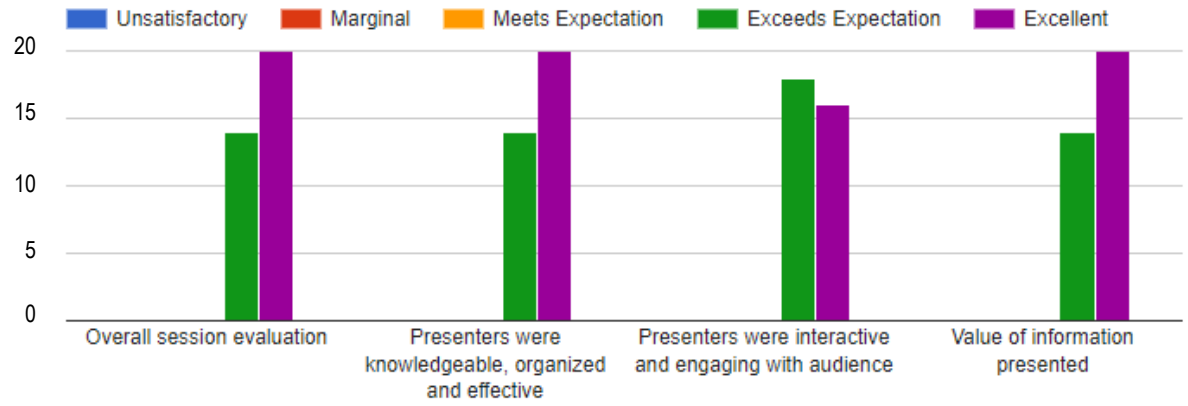
Infectious Diseases Screening, Education and Advocacy: HIV/AIDS, STD/STI, Hepatitis, TB and HPV



Comments by attendees:

Moderator should have allowed for questions and answers

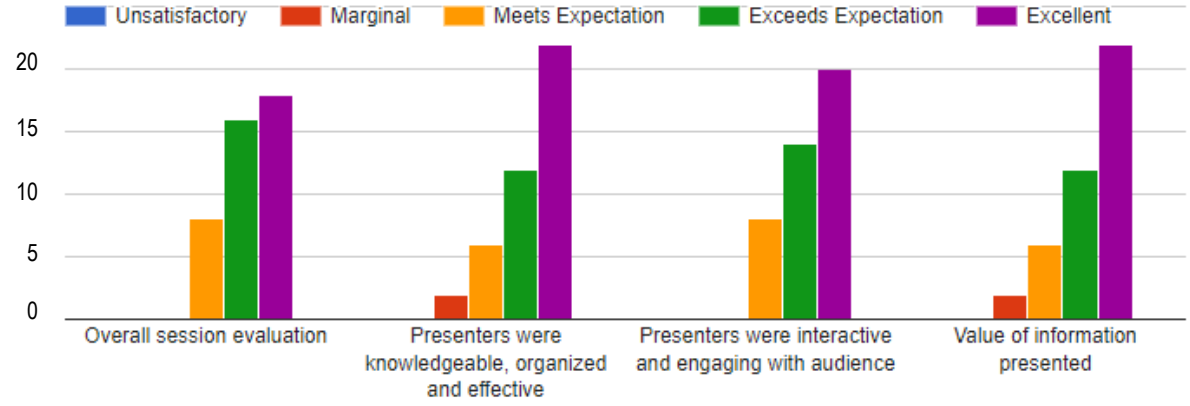
Cancer Support Community Presentation - Cancer Risk Among African Americans - Part I



Comments by attendees:

- Brief morning session. Looking forward to Part II.

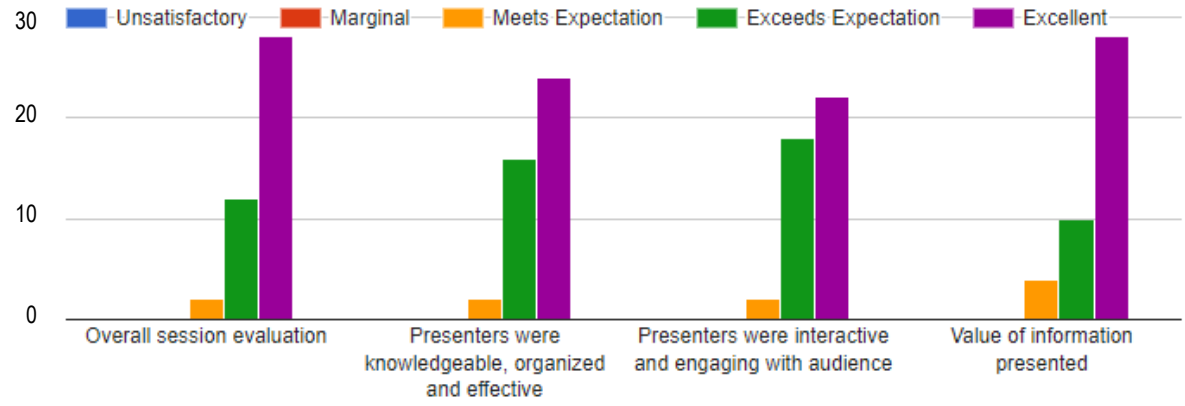
Men's Health...Coming to America and Living in America: Exploring Effective Screening Approaches, Treatment and Community Outreach



Comments by attendees:

- This presentation seemed a little racially charged . Although racism is a great topic to discuss . I didn't appreciate that racism was the main focus.

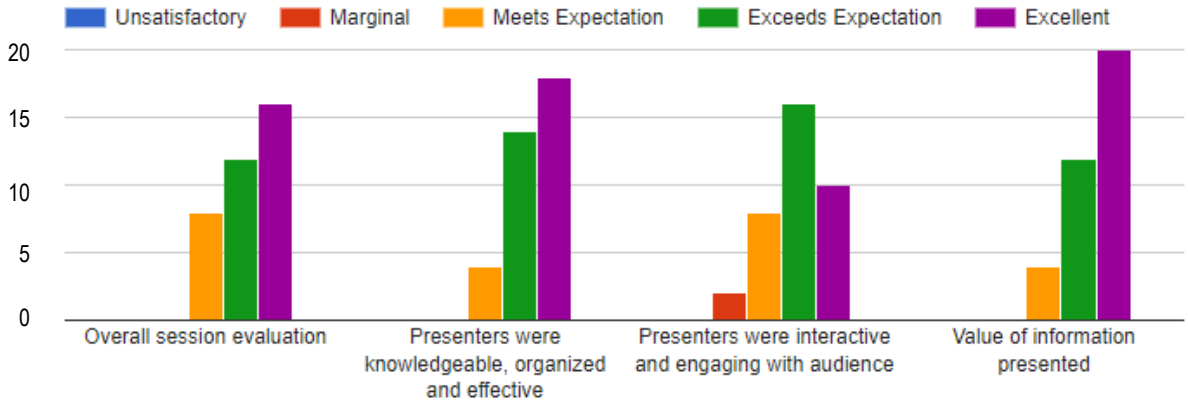
Lunch and Learn with Goya



Comments:

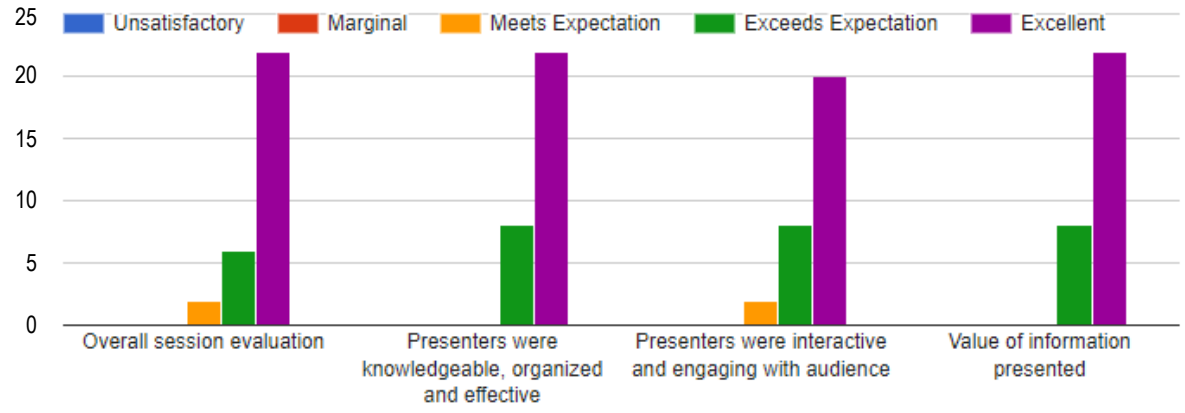
- Great presentation, excellent presenter, was very engaging

Presentation: MMPF eMed Network



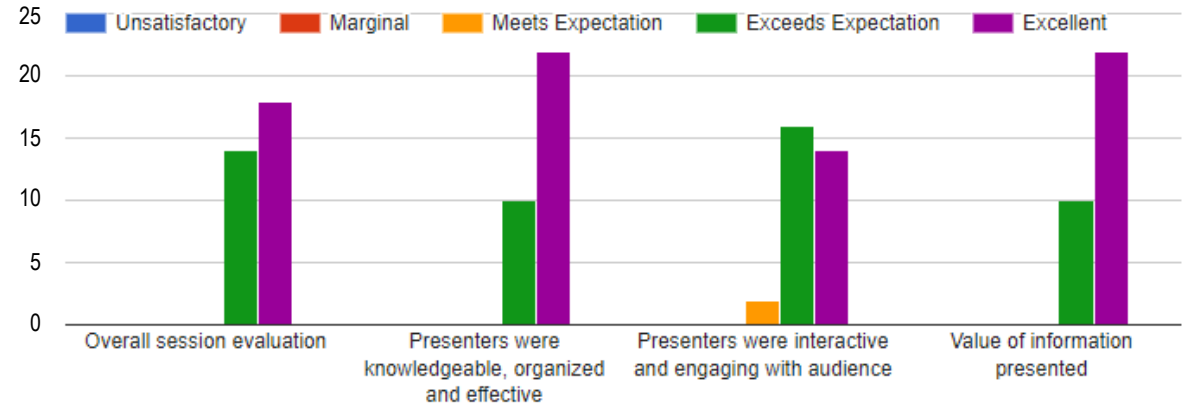
Comments:

Improving Healthcare Through Mobile Unit Technology



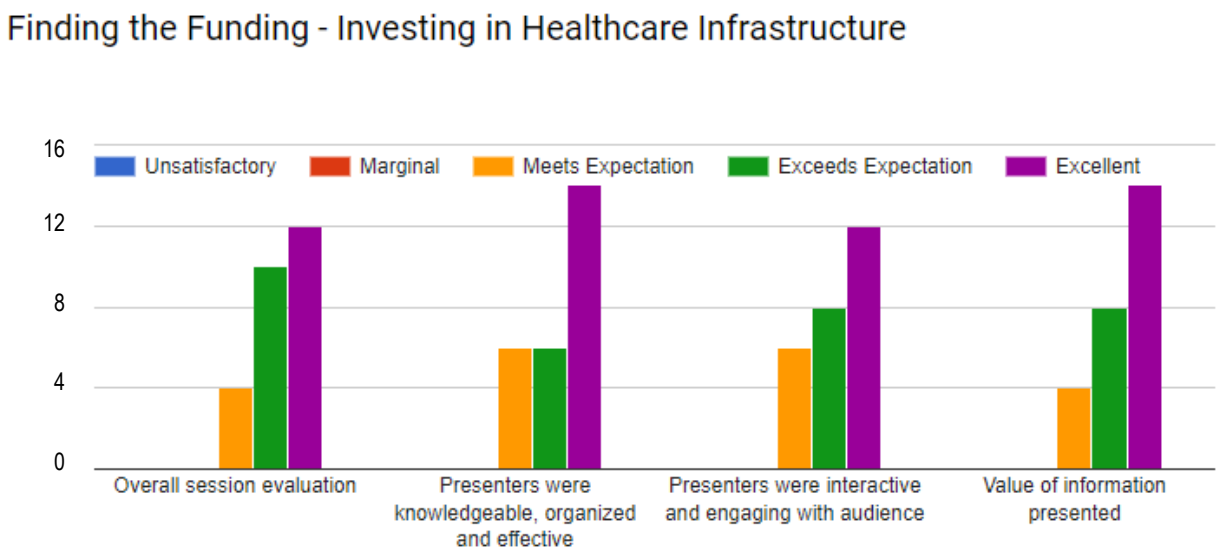
Comments:

Cancer Support Community Presentation - Cancer Risk Among African Americans - Part II



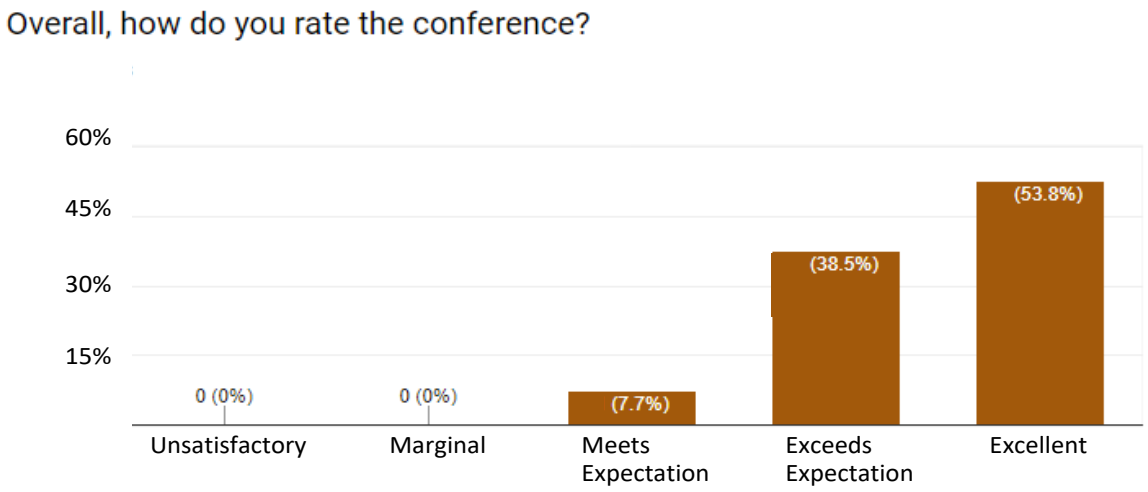
Comments:

- Great presentation



Comments:

- Perhaps a hands on work shop next conference where the Patcha Foundation can be used as case study to source and implement funding for an activity or program.



General Comments:

- Very informative, top-notch speakers, meals were delicious and healthy, well worth attending annually.
- Overall , the conference has been informative. I look forward to attending next year
- Perhaps a hands-on work shop next conference where the Patcha Foundation can be used as case study to source and implement funding for an activity or program.
- Excellent conference. Slides were hard to read and maybe turn light on before question and answer
- The entire conference was absolutely amazing and each platform / panel was relevant and informative on so many levels.
- Consider at least one activity or program each conference that participants can work on from inception to implementation.
- Excellent. Met my goal and purpose.
- Proud of what you're doing. Pray God helps you find the funding.
- Blessing to all who are involved.
- Congrats on a successful event.
- Great event. Congratulations.
- Keep up. Awesome work.
- Great.
- Very well organized conference. Great job.

COMMON THEMES

Participants wanted more time allotted for Q&A, breakout sessions and action planning. They appreciated the opportunity to collaborate and network with peers. The following themes were recorded as responses to specific questions asked on the evaluation survey.

Reasons for attending the CASEC Information Exchange

- Interest in cancer awareness, challenges to care, funding and networking
- Learning and sharing opportunity
- More knowledge
- Obtain knowledge about cancer after losing family
- Volunteer
- To have a wider knowledge *about* white and black healthcare
- Healthcare professional wanting to learn more
- My nephew is a cancer patient
- Retired cancer professional
- Invited speaker
- Learn share interact
- Need to know about cancer healthcare
- Wanted to network with cancer researchers and leaders of community organizations

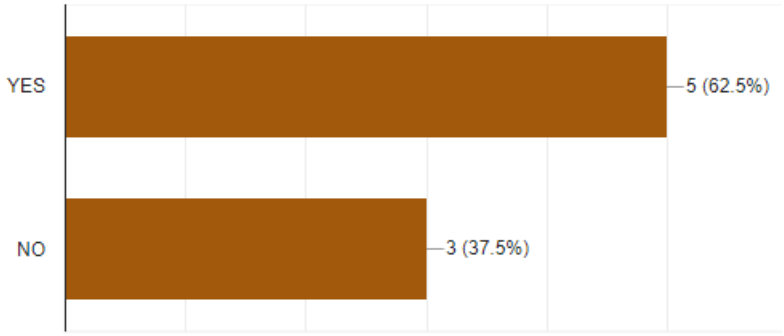
Did the conference provide practical tools you can implement in your community?

- Yes
- Some ideas about Board constitution was well received.
- Yes. Practical new ideas and reminders to enhance access to healthcare
- Absolutely networking and connection
- Very informative
- Yes a lot of information
- Improve educate awareness advocacy
- Definitely I learned the importance of addressing cancer disparities of the cellular level and how to stress impacts cancer

What would you like to see implemented in your organization/community?

- Funding or grant writing work shop
- Collaboration in the African diaspora especially in Cameroon
- More education
- Education
- Conference on chronic disease prevention
- More conferences like this
- More studies on African health
- Outreach and implementation of care methods
- Culture competencies

Any perceived barriers to accomplishing the identified task? If yes, please explain.



- Lack of expertise, budget
- Cultural differences .
- African government road blocks I.e. procedural , financial , culture
- People are skeptical
- Lack of means
- Demographic changes, strategy (Africa American Jamaicans)

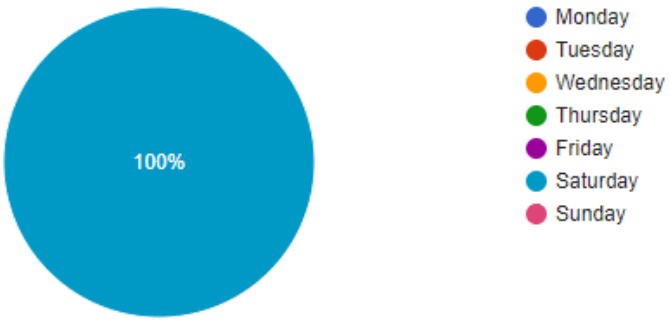
What topics would you suggest for next year's conference?

- Mental health, pharmaceuticals in oncology
- Exchange practical strategies , processes to start effecting change
- ESRD 2 degree HTN Diabetes
- Additional cancer types
- Forming a community event ex. 30 minute walk
- Chronic disease prevention and healthy prevention
- The cure is in the plate more information on nutrition
- Translate knowledge to Africa
- Knowledge and technology transfer related to cancer diagnosis and treatment
- Barriers and facilitators to cancer comparing Africans to African-Americans

What speakers would you suggest for next year's conference?

- Bill Gates
- Not sure
- All of them they did an exceptional job
- Kevin Walter Smith
- Me (attendee), Josephine Djoukeng
- Cancer etiology / progression of cancer
- All speakers at this conference

How do you feel about the conference holding on a Saturday? Indicate what day is best for you to participate.



How might the Patcha Foundation improve the conference?

- Award CEU credits
- More volunteers
- More advertisement , needs to reach more people
- More central location
- Reduce agenda items for more q and a , hold presenters to their time
- No suggestions
- Excellent please emphasis prevention more than treatment
- Too much info in one day. Try splitting
- Add poster presentation and ask presenter to summarize in writing their presentations
- Collaborate with PhD students in DMV area to help organize the program

CONTINUING THE DIALOGUE

To continue the dialogue and to blog visit the Forums-Feedback pages on the Foundation website or join us on social media. The Patcha Foundation will select at least one item from the conference evaluation feedback to work on before the next conference in April 2019. The Patcha Foundation will continue to solicit input from conference panelists and attendees. The Foundation also plans to disseminate information about the implemented program by presenting at a health conference, sharing via various media and /or publishing in health journal.

Online Forum & Blog: www.patchafoundation.org/conferences/forum-feedback.
Also join us on social media: use #MMPF #CIE2018 #CASEC to continue the dialogue.
Twitter: @patchaf Facebook: Michael and Mauritia Patcha Foundation

CONCLUSION

Based on the review of the evaluation data, verbal and other feedback from the participants. The CASEC Information Exchange, the cancer conference on closing the cancer care equity gap was a success. While acknowledging that steps should be taken to improve future conferences, the Patcha Foundation believes that the goals for this information exchange were accomplished.

ACKNOWLEDGEMENTS

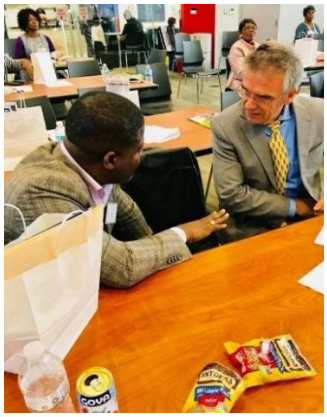
The conference and the development of this report would not have been possible without the input and support of many individuals and organizations including all speakers, and all who provided service. The Patcha Foundation gratefully acknowledges your contributions.

Ray Michael Bridgewater (Assembly of Petworth)
The Lighthouse Baptist Church | TAJS Virtual Solutions
Cancer Support Community | Goya Foods
TeamBest Companies & Best Medical International
Dr. Jethro Ekuta (Johnson & Johnson Consumer Inc)
Claire Saxton (Cancer Support Community)
Chelsea Johnson (Cancer Support Community)
Abhishek Patel (Cancer Support Community)
D.J. Richard Muma (A/V) (Muma's Inc)
Shiron Pratt and Erick McNair (Events DC)
Lydia Esapa (Esapa Catering)
Members and Officers (Patcha Foundation)
R.I.S.E. Démonstration Center (Venue)

From Lighthouse Baptist Church and TAJS Virtual Solutions:
Pastor Ricardo W. Payne | Leslie Y. Jackson
Kevin O. Jackson | Asyia Payne | Sydney Payne
Jayla Kinney | Annie Washington | Tylin Jackson

Other Volunteers:
Michael Adamu | Sheena-Kyra Sirri Akene
Teanna Bibum | Irene Mbu | Emmanuel Nchako
Pierre Nchako | Zoey Tyrikka Nkamsi Onambele
Marianne Nkamsi | Pia Nomen | Olivia Nono
Axel Tasong

IN PICTURES

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THE PATCHA FOUNDATION
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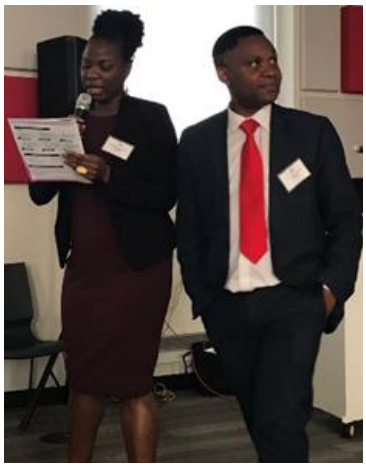

Go here for more pictures [2018CIE-Pictures]

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Asyia Payne		Lighthouse Baptist Church
Sydney Payne		Lighthouse Baptist Church
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Meriterese Racanelli	Food/nutrition expert	Goya Foods
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CANCER SUPPORT COMMUNITY.

http://www.cancersupportcommunity.org/

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