

Oesophageal cancer initiative: Frere Hospital stent placement training workshop



Sandie R Thomson: Emeritus Professor of Gastroenterology Division of Gastroenterology University of Cape Town, South Africa

On behalf of the AfrECC workshop faculty

Lucien Ferndale: Surgical Gastroenterologist, Department of Surgery, Greys Hospital and the Department of Surgery, School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal, South Africa

Anders C Grotte: Consultant Surgeon, Frere Hospital, South Africa

Mark Topazian: Gastroenterologist and Professor of Medicine, Mayo Clinic, a founder member of AfrECC, who has for the past five years, with his wife Janet lived and worked in Addis Ababa, Ethiopia.

Corresponding author, email: sandie.thomson@uct.ac.za

Oesophageal cancer is the seventh most common cause of cancer worldwide and the sixth most common cause of cancer-related death worldwide. Oesophageal cancer kills 400 000 people every year, most of whom live in two distinct geographic bands across central Asia and along the eastern Africa corridor extending from Ethiopia to South Africa. In these high-risk areas, all cases are oesophageal squamous cell carcinoma. The vast majority of the patients with this disease present late in the African corridor.

In South Africa, the hottest spot for the squamous oesophageal cancer is the Eastern Cape and is no exception when it comes in late advanced stage presentation. As we are all aware, the disease is characterised by debilitating dysphagia which restricts their oral intake and eventually results in the inability to swallow their own saliva. This high incidence was documented in the 1980s in Port Elizabeth (now Gqeberha) where they developed, to alleviate the dysphagia, the Proctor-Livingstone tube, delivered after blind bougie dilatation by a pulsion technique using a rigid oesophagoscope. Only 5% of the patients were considered fit for surgical oncological treatment with curative intent.

Recently published data from Frere Hospital in East London confirms the extremely high incidence of cases referred to this hospital with over 200 new cases every year presenting with the disease. Current practice for the alleviation of dysphagia is by the use of self-expanding metal stents (SEMS). The delivery of these stents is straightforward with several other centres in South Africa reporting effective and safe restoration of swallowing with low complication rates. Over the last year at Frere Hospital despite 200 patients being eligible for this treatment, only 14 patients were stented. The others were simply repeatedly dilated with little sustained improvement and an increased risk of complications related to the number of reinterventions. Some having over 12 repeat dilatations.

The African Esophageal Cancer Consortium (AfrECC) was formed in 2016 by physicians in Africa and other countries to alleviate the suffering from oesophageal cancer. There are currently 14 AfrECC

sites in eight countries. The consortium is trying to address many practical and research aspects of oesophageal cancer in the East African countries. They started in Kenya and have been holding training workshops in Ethiopia, Tanzania, Malawi and Zambia over the past five years. Dr Anders Grotte who works at Frere Hospital has joined the AfrECC as has Dr Lucien Ferndale from Greys Hospital in Pietermaritzburg where he deals with approximately 120 patients with oesophageal cancer annually.

Frere Hospital deals with the vast majority of patients with oesophageal cancer from the northeastern part of the Eastern Cape with only limited numbers being assessed and managed endoscopically at the other major hospitals in this geographical region. An upskilling colonoscopy and oesophageal stent training workshop and situational analysis was conducted 18 months ago to provide background information. In addition, at that visit we customised and installed an endoscopy reporting database in the endoscopy unit at Frere Hospital to provide reliable data. This led to a representation to AfrECC to conduct a full-scale stent training workshop. Dr Grotte submitted to Boston Scientific an application for a donation of SEMS and to AfrECC detailed costings for a continental application for an Olympus Global Grant to run five workshops in different countries throughout the calendar year.

The stents and the funding came through and at Frere Hospital we held a stent training workshop for oesophageal cancer stenting from 26–30 May 2025. We were appreciative that SAGES, for the South African workshops, agreed to handle the fund transfers and subsequent distribution of the funds from AfrECC. Dr Mark Topazian a Mayo Clinic gastroenterologist now “semi” retired, Dr Ferndale from Greys Hospital in Pietermaritzburg, Dr Grotte and I acted as faculty for the workshop. Nineteen doctors and endoscopic nurses were the participants (see Figure 1). The participants were from East London hospitals (i.e. Frere and Cecelia Makiwane), Livingstone Hospital in Gqeberha, and the Nelson Mandela Academic Hospital and the General Hospital in Mthatha. Forty-five patients for stenting were gathered from the East London and Mthatha hospitals.

