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# Africawatch

UGANDA

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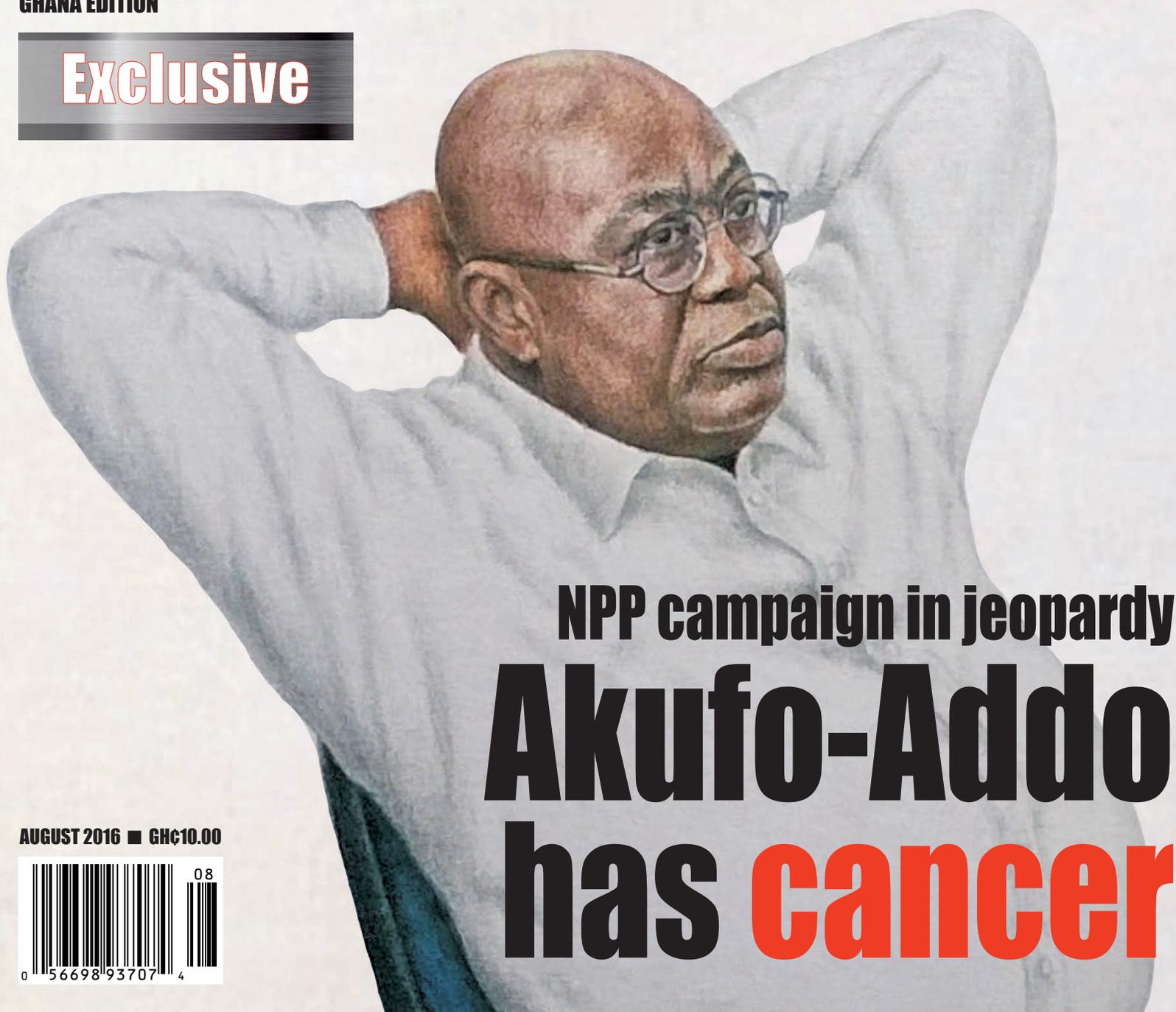
■ South Africa: Zuma shaken up ■ Spotlight on South Sudan

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# Africawatch

GHANA EDITION

**Exclusive**



NPP campaign in jeopardy  
**Akufo-Addo**  
has **cancer**

AUGUST 2016 ■ GH¢10.00



**Uganda:** Political tensions still on the rise

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## **NPP campaign in jeopardy**

# **Akufo-Addo is struggling with **cancer****

**He's been undergoing treatment since 2013**

It is stunning news. The presidential candidate of Ghana's opposition New Patriotic Party (NPP), Nana Addo Dankwa Akufo-Addo, the man who has yearned all his life to become the president of the country, is suffering from life-threatening diseases, including prostate cancer, acute kidney injury, and an enlarged heart, all of which have serious implications for his political career. *Africawatch* has seen some of his medical records and they paint a dark picture. In this special report, Steve Mallory looks at how these serious health issues will impact the 2016 election campaign, and whether Ghanaians are prepared to go through another "Mills syndrome", where illness impaired former President John Atta Mills' ability to properly steer the ship of state. That sudden death of a national leader while still in power left the country in a vulnerable place during the instant transition, one that would have been greatly eased if everything had been made public. The medical records and the true state of Akufo-Addo's condition now bring the entire issue of full health disclosure back to national attention.



The serious implications of the medical information that has come to light regarding the physical health of Nana Akufo-Addo, the presidential candidate of the opposition New Patriotic Party, cannot be ignored. They present an opportunity for debate and discussion on the issues of private versus public lives and the importance of full disclosure on the health status of those seeking the presidency.

**Medical illness is a very private affair, and sharing that information is usually an individual decision, but when one is making a run for the presidency, just like Nana Akufo-Addo of the New Patriotic Party, then the public must know the state of the person's health, because of the massive responsibilities entailed by that position.**





Nana Akufo-Addo was diagnosed with prostate cancer in June 2013 with a very high Prostate-Specific Antigen (PSA) count of 89.9, very much above the 3.72 upper range that it should have been, according to his British doctors.

For some time now, functionaries of Ghana's main opposition New Patriotic Party (NPP) and their presidential candidate himself, Nana Addo Dankwa Akufo-Addo, have strenuously denied reports in the local media of Akufo-Addo's ill health and its implications on his ability to rule the country. In one such denial recently, the 72-year-old NPP presidential candidate said: "God is the one who looks after us all and not the wishes of human beings. I am strong. As you see me now, do I look anything close to a sick person? The NDC [Ghana's ruling party] is claiming that I am a very old man who is unable to walk. I am fit and full of strength to campaign, and, if God so wishes, govern this nation in a proper manner."

But from the evidence uncovered by *Africawatch*, it is clear that Akufo-Addo, who has twice narrowly failed to clinch the Ghanaian presidency in 2008 and 2012, is not telling the whole truth about his health status – because he is actually suffering from three deadly diseases that could impair his ability to effectively campaign this political season and, if given the chance to rule, weaken him and his presidency, with serious

implications for the nation.

*Africawatch* can now confirm that Akufo-Addo has prostate cancer and he has undergone external beam radiotherapy at the Wellington Hospital in London. A CT scan taken of his pelvic area on June 13, 2013 showed what his British doctors referred to as "several worrisome right-sided pelvic nodes, one lying just medial to the right obturator internus at the level of the vesicles and measuring 7 x 6 mm and having an abnormally rounded appearance".

The medical records of the NPP flagbearer in the possession of *Africawatch* show that Akufo-Addo was diagnosed with prostate cancer in June 2013 with an abnormally high Prostate-Specific Antigen (PSA) count of 89.9 when, according to his British doctors, his normal "upper limit" of PSA should have been 3.72, a whole 86.18 points in the danger zone. His exceptionally high PSA count is baffling even to his very experienced personal doctors in the UK.

### Prostate-Specific Antigen

The PSA count is a marker that determines the level of risk that prostate cancer poses to a patient. PSA levels that are considered normal for men are in the range

of 4 to 9 nanograms per millimeter (ng/mL) in the blood. Anything over these numbers indicates a possibility of prostate cancer. In fact one medical authority states that “the higher a man’s PSA level, the more likely it is that cancer is present.”

Internationally, many doctors are now using the following PSA ranges as determinants of possible risk to prostate cancer: 0 to 2.5 ng/mL the risk is low. 2.6 to 10 ng/mL the risk is slightly to moderately elevated. 10 to 19.9 ng/mL the risk is moderately elevated. 20 ng/mL or more the risk is significantly elevated.

Remarkably, from several tests done on Akufo-Addo at the Wellington Hospital, the NPP presidential candidate’s PSA readings have consistently been around 89.9 or 89.8, which are peculiarly high and are very clear indications of a serious prostate cancer.

In fact, the NPP flagbearer’s medical records from the Wellington Hospital make grim reading. They show that among other age-related illnesses, Akufo-Addo suffers from acute kidney injury and enlarged heart problems.

A chest X-ray taken on January 14, 2014 showed him to have acute kidney injury, which kidney experts say is a serious condition that can leave sufferers in considerable pain.

And an examination on January 29, 2014 indicated that the NPP presidential candidate’s “heart is enlarged and there is quite marked coronary artery calcification. There is unfolding of the aorta.”

*Africawatch* spoke to some cardio experts and they explained that the coronary artery is a crucial vessel carrying blood to the heart, and its calcification could mean that there was some blockage restricting easy blood flow to Akufo-Addo’s heart.

Other findings after the battery of tests conducted on Akufo-Addo by doctors at the Wellington Hospital include age-related changes in his skeleton, especially in his knees, hips and shoulders. He was also found to have dental disease and “maxillary sinus activity presumed to relate to inflammatory mucosal changes.” This could perhaps explain the embarrassing and uncontrolled flow of mucus from Akufo-Addo’s nostrils at a public event at the University of Ghana early this year, a video of which went viral on social media in the country.

### Health is a big deal

Incidentally, the health of political leaders is almost a taboo subject in many African countries, including Ghana where an obviously unwell President John Atta Mills passed away in July 2012, six months before

he was due to contest in another presidential election. His death was a moment of great sadness for the people of Ghana with many attesting to his gentle demeanor.

Many held the view that had issues surrounding President Mills’ health been properly managed and his obvious ailment not repeatedly denied by himself and his ruling party, the National Democratic Congress (NDC), Ghanaians would have been better prepared to receive the news of his death when it eventually came on that cloudy Tuesday of July 24, 2012.

As fate would have it, members of the opposition NPP were fierce in their criticisms of Mills and his handlers regarding his health. They opined that Mills’ true health status was kept secret in order to prevent calls for him to step aside as president.

According to the NPP, Mills’ ill health seriously affected his ability to govern the country properly. Before he died, there were even open calls for him to make his medical records public.

No wonder that one month after Mills’ death, the NPP communications director, Nana Akomea, stated in a radio program in August 2012 that “President Mills’ health was handled in a manner that did not show candor, transparency, and integrity in governance.” He accused the NDC of having gone to “absurd lengths to perpetuate falsehood and lies on Ghanaians” regarding Mills’ health.

Uncannily, prior to Mills’ death, rumors had been circulating for months, especially on social media, about his ill health. Claims that he had died were regular in the Ghanaian media – the most notable being the one that made the rounds on June 16, 2012, on both the social and traditional media that reported the president had died.

However, the rumors were put to rest when Mills appeared at the Kotoka International Airport in Accra to announce that he was in fact going to the USA for a “routine” check-up. A day after his departure, his then political rival, Akufo-Addo, issued a statement saying he had “learnt last night from President Atta Mills that he was on his way to the United States to see doctors for medical treatment.” Akufo-Addo wished Mills well, saying he hoped “the checks go well and he comes back fit and strong” to continue his duties as president.

This statement drew the ire of NDC stalwarts who perceived it as a veiled attempt by Akufo-Addo to exploit his opponent’s ill health for political gain. Eventually, because of the “political nature” of President Mills’ health condition, he was compelled to show how fit he was and his ability to govern by jogging on the tarmac of the Accra airport,





**The Wellington Hospital, where Nana Akufo-Addo has received both diagnosis and treatment, is the largest independent hospital in the UK.**

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under the glare of TV cameras, when he returned from the medical trip abroad. He passed away just a few weeks later.

### **Nduom's example**

Since the death of President Mills, the issue of the health status of Ghanaian leaders has been a hotly-contested one, especially given what happened to Mills and the positions adopted by various political actors on the issue.

Perhaps sensing how touchy the subject is and gauging the levels of apprehension of the Ghanaian electorate about electing unhealthy candidates as presidents, the leader and presidential candidate of the Progressive People's Party (PPP), Dr. Papa Kwesi Nduom, took matters a notch higher when in November 2012 he challenged all presidential candidates for that year's election to submit themselves to medical checks and publish the records.

Nduom's call came on the heels of a medical check he had undergone himself at Ghana's largest medical facility, the Korle-Bu Teaching Hospital in Accra. Following the check, the head of Korle Bu's Public Health Unit, Dr. Philip Kwaku Amoo, publicly declared Nduom "medically fit to undertake executive function."

"I declare that Dr. Papa Kwesi Nduom is physically and mentally healthy. No significant pathology, disease or disability was detected. He is medically fit to undertake executive function, sedentary or physically demanding tasks," Dr. Amoo told an expectant nation.

Some people lauded Nduom for the bold initiative and insisted that politicians wanting to occupy public office should be obliged to know their health status and disclose that information to the electorate they intended to lead.

Thus, with Mill's death acting as a fitting background, the health of presidential candidates appears set to take center stage in Ghana's 2016 election campaign. The focus this time is likely to be on the 72-year-old NPP flagbearer, Akufo-Addo, who has been struggling to parry off reports of ill health. His frequent trips abroad and the many halts to his election campaign in recent weeks have been attributed by the Ghanaian media to the visits he has had to make to doctors in the UK



**Tomotherapy (above) is used for prostate radiotherapy treatments at most hospitals in London where Nana Akufo-Addo (right) has undergone such external beam radiotherapy at the Wellington Hospital.**



and elsewhere because of suspected ailments.

Yet Akufo-Addo has been robust in his denials of such media reports but his denials are far from the truth and, by extension, crafted to deceive the Ghanaian public.

### Medical records

Some of Akufo-Addo's medical records from the Wellington Hospital are very alarming and are proof that he is very sick. All three of his main ailments – prostate cancer, acute kidney injury, and an enlarged heart – are fatal diseases. For instance, prostate cancer is a leading cause of death among men, and globally it is the most common form of cancer after skin cancer. According to medical experts, up to 27,000 men die each year from the disease in the USA alone.

With such serious ailments trying to impede the achievement of his life-long dream to become president, Akufo-Addo has been quietly using all the powers at his command and the financial resources at his disposal to fight these diseases that threaten to stop him from becoming president.

For reasons of sensitivity, *Africawatch* will withhold the names of Akufo-Addo's high-

profile doctors. But regarding his prostate cancer, *Africawatch* can report that Akufo-Addo has been seeing a top-flight urologist, one of Britain's best, at Wellington Hospital, situated in London's leafy and high-class St. John's Wood suburb in the northwest of Britain's capital city.

He is a Briton of Egyptian descent, aged 71. He qualified as a doctor in 1967 in Cairo, Egypt. A consultant urological surgeon for over 27 years, his expertise covers all aspects of general urology, with particular emphasis on the treatment of urological cancers.

Over his professional career, this doctor has gained extensive experience in renal, prostate, and bladder cancer treatment. He is

the author of an internationally recognized textbook on prostate cancer and its pathology, diagnosis and treatment.

For his acute kidney injury problems, Akufo-Addo was treated by an intensivist who worked at the Wellington Hospital for 13 years before leaving last year. He is a consultant in Intensive Care Medicine at the Imperial College Healthcare NHS Trust and the Hospital of St John and St Elizabeth, both in London.

Indeed, Akufo-Addo's doctors are top class and worthy to treat the man who wants to become Ghana's next president.

### The hospital

The Wellington Hospital, where Akufo-Addo is receiving treatment, is the largest independent hospital in the UK, famous for its cardiac services, neurosurgery, liver and HPB medicine, rehabilitation, gynaecology, orthopaedics, and other services. HPB stands for Hepato pancreato biliary, a branch of medicine that deals with benign (non-cancerous) and malignant (cancerous) diseases of the liver and other diseases relating to the bile or the bile duct, and the pancreas.

The Wellington Hospital has four main sites: North Tower, South Tower, Central Building, and a new Platinum Medical Centre (which is a state-of-the-art diagnostics & outpatients center located at London's Golders Green suburb. It opened in May 2011 and looks after many high profile patients in the UK and abroad).

It is at the Platinum Medical Centre that the diagnostics of the examinations done on Akufo-Addo's ill health were conducted. And several of the reports have been frightening. Here are some of them, published unedited but with a few editorial notes alongside.

**Name:** Akufo-Addo, Nana A. D.  
**Dob:** 29/03/1944  
**Sex:** M  
**Exam Date:** 14/06/2013  
**Unit No:** [REDACTED]  
**Phys:** [REDACTED]  
**NHS No:** [REDACTED]

### EXAMINATION:

600 mBq technetium 99m HDP isotope bone scan. Whole body imaging supplemented with spot views.

### INDICATION:

Prostate cancer. PSA 89.9

### FINDINGS:

Increased periarticular activity in the knees, hips and shoulders is most likely

# PROSTATE CANCER

## THE PROSTATE

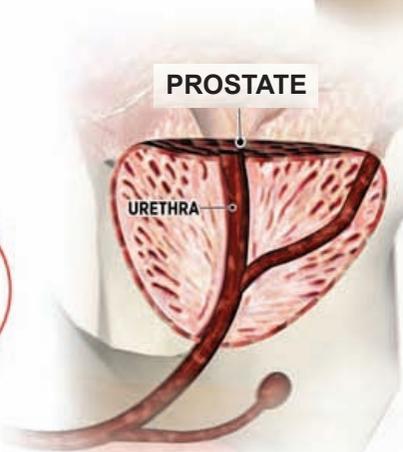
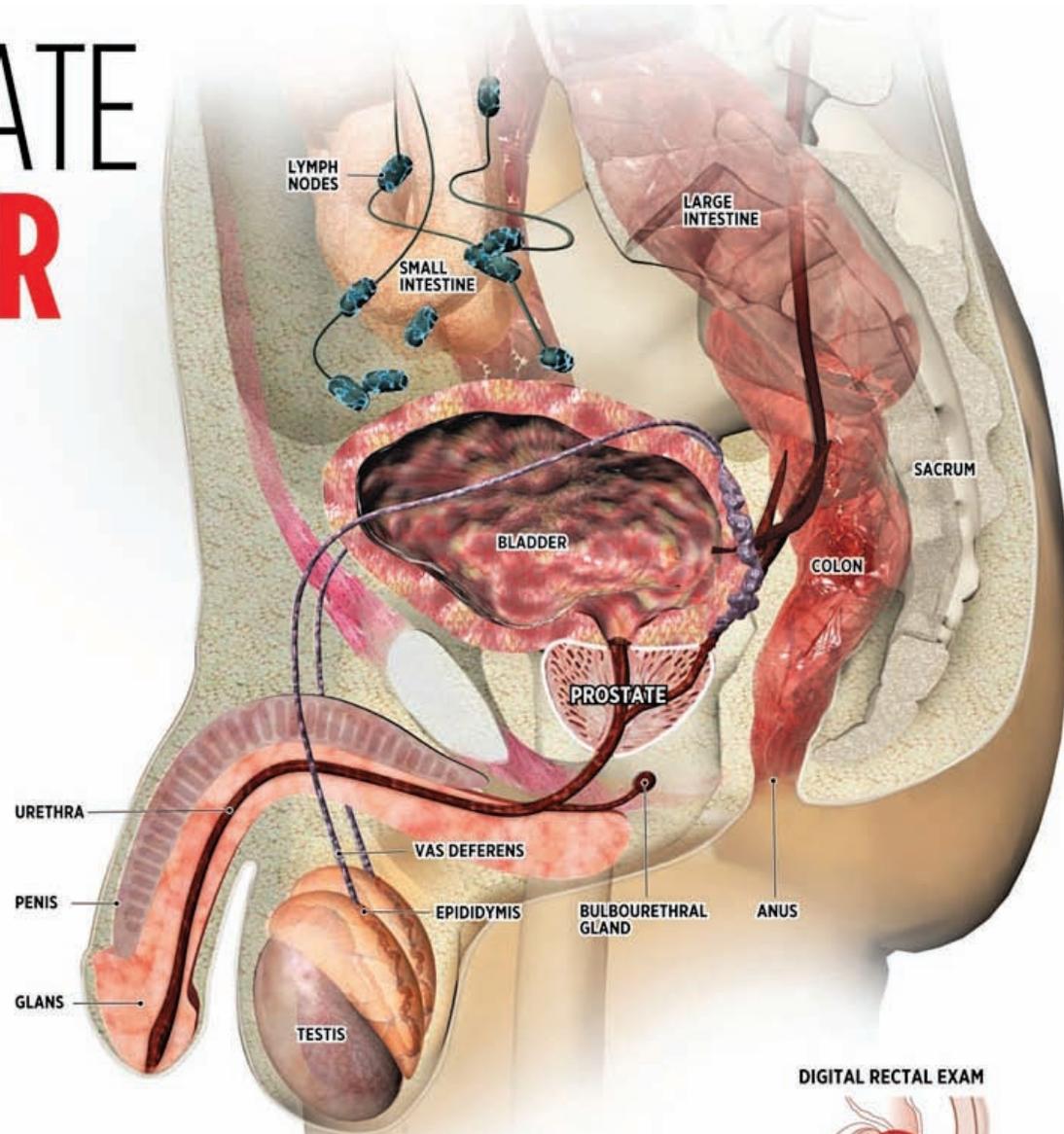
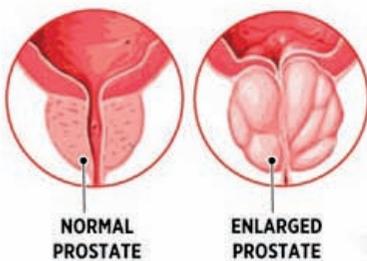
The prostate is a walnut-sized gland located in front of the rectum, just below the bladder. It produces seminal fluid, which nourishes sperm cells in semen. The urethra (the tube that carries urine from the bladder to outside the body) runs through the center of the prostate.

## PROSTATE CANCER

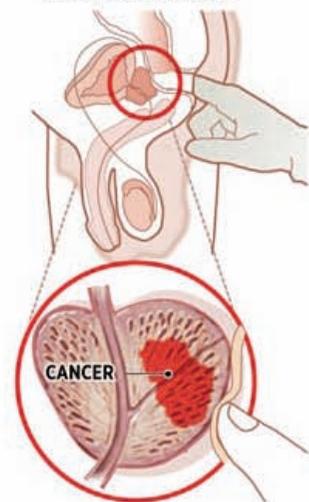
It occurs when malignant tumors form in the prostate. Few men have symptoms in the early stages. African Americans and men with a family history of the disease – both at higher risk – should have a PSA test every year from age 40 on. For others, a PSA test every year after 50 is recommended.

## ENLARGED PROSTATE

As men age, the prostate may grow and block the flow of urine from the bladder to the urethra. This condition is called benign prostatic hyperplasia (BPH). Although some may confuse its symptoms with cancer, it is not cancerous. Medication can treat it, although surgery may be needed.



## DIGITAL RECTAL EXAM



## DIAGNOSIS

Two types of testing are strongly suggested:

- 1. PSA testing:** Test that measures the level of prostate-specific antigen in the blood. PSA is a substance made by the prostate; its levels increase with cancer.
- 2. Digital rectal exam:** The doctor inserts a lubricated, gloved finger into the rectum and feels the prostate through the rectal wall for lumps or abnormal areas.

due to degenerative changes in the skeleton.

Focal activity within the mandible and superior alveolar ridge is most likely related to dental disease.

Maxillary sinus activity presumed to relate to inflammatory mucosal changes.

Mild focal activity occurs in the region of the right 5th costo-transverse articulation. There is a slight alteration in the alignment of the cervico-thoracic spine at this segment and given the articular distribution and low grade of the activity, it is most likely due to degenerative change.

Vascular calcifications noted.

Reported By: Dr. [REDACTED]



**Writer's note:** In the cervicothoracic region, the examination of Akufo-Addo's body found that "there is a slight alteration in the alignment" of the vertebrae in that area, "and given the articular distribution and low grade of the activity, it is most likely due to degenerative change." Which means something is not right in that region of his body.

Worse, he has "vascular calcification" to contend with. Vascular calcification simply means a vessel or vessels, especially those carrying blood in the human body, has (or have) been blocked by hardened deposits of calcium carbonate or some other insoluble calcium compounds, which are restricting the smooth flow of blood.

This condition could have very serious consequences for sufferers, including heart attacks and thrombosis if the blockage is not unblocked through surgery or catheterization – a procedure in which a long, thin tube is inserted through a vein and then fed into the heart where a doctor can perform diagnostic tests, and also treat conditions such as blocked arteries, according to the American Heart Association.

Akufo-Addo's medical reports show that he has undergone catheterization at the Wellington Hospital.



**Name:** Akufo-Addo, Nana A. D.  
**Dob:** 29/03/1944  
**Sex:** M  
**Exam Date:** 12/08/2013  
**Unit No:** [REDACTED]  
**Phys:** [REDACTED]  
**NHS No:** [REDACTED]

**REPORT:**

Clinical details – PSA 89.8. Possible

## Acute kidney injury

### Kidney Pre-renal

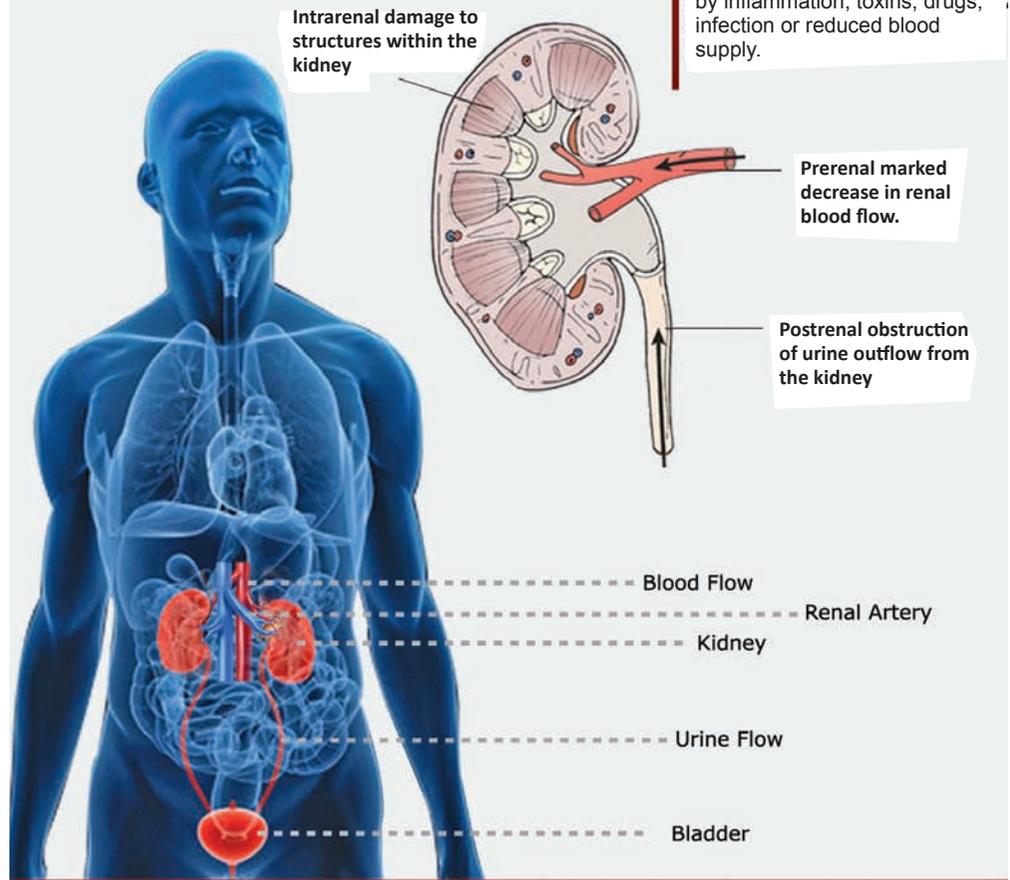
Sudden and severe drop in blood pressure or interruption of blood flow to the kidneys from severe injury or illness.

### Kidney Postrenal

Sudden obstruction of urine flow due to enlarged prostate kidney stones, bladder tumor or injury.

### Kidney Intrarenal

Direct damage to the kidneys by inflammation, toxins, drugs, infection or reduced blood supply.



new diagnosis of prostate carcinoma. Abdominopelvic CT of 13/06/2013 performed because of the elevated PSA, reported several worrisome rounded right obturator and iliac nodes. Please assess with MRI.

**TECHNICAL NOTE:**

Standard unenhanced 3T prostate MRI performed, including DWI sequences as well as a coronal T1 sequence through the upper abdomen, and this was compared

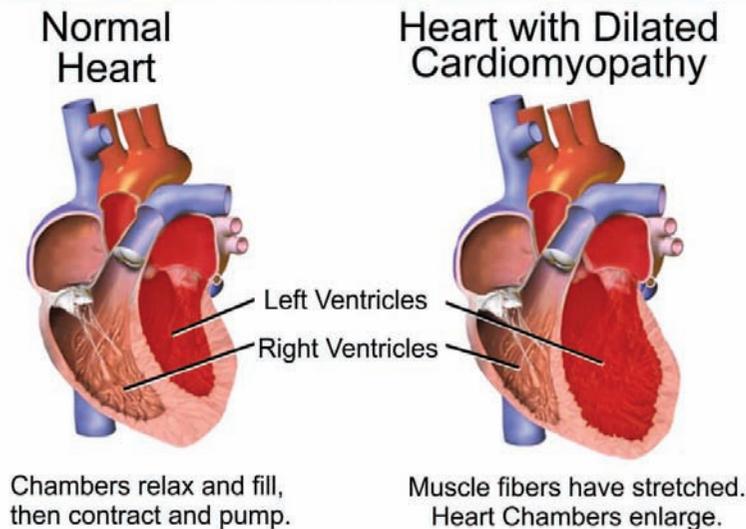
with the 13/06/2013 CT and the 14/06/2013 bone scan.

**FINDINGS:**

The prostate measures 4.5 x 4.3 x 3.1 cm giving a gland volume of 31 cc. Assuming a maximal PSA density of 0.12, this patient's upper limit of normal for PSA is 3.72, well below the current PSA.

In the basal third of the peripheral zone, extending from 4 o'clock around to 7 o'clock, there is a 22 x 20 mm area of

## Enlarged heart condition may be due to many reasons



Doctors conduct a heart catheterization. Akufu-Addo's medical records indicate that he has undergone such a procedure at the Wellington Hospital.

reduced T2 signal and reduced diffusion which extends bilaterally into the apices of the seminal vesicles, particularly the right.

More inferiorly in the peripheral zone appears normal bilaterally. There is clear nodularity and hypertrophy of the prostatic inner gland consistent with benign prostatic hyperplasia. This causes minimal elevation of the bladder just posterior to the bladder neck and this is likely to explain the previously reported bladder wall thickening. No focal bladder lesion. As reported on the 13/06/2013 CT, there are several worrisome right-sided pelvic nodes, one lying just medial to the

right obturator internus at the level of the seminal vesicles and measuring 7 x 6 mm and having an abnormally rounded appearance.

Just posterior to the upper third of the right external iliac artery is a further worrisome node which is lobulated and measures 18 x 9 x 9 mm. More superiorly, lying just behind the right common iliac vessels is a further worrisome node measuring 12 x 10 x 8 mm. Lying just right anterolateral to the right common iliac vein is a further worrisome node measuring coronally 15 x 7 mm.

As on the 13/06/2013 CT, there are no pathologically enlarged retroperitoneal

nodes but there are more nodes than normally seen in this region and there may be early malignant involvement of the retroperitoneal nodes. There is no worrisome left iliac or left pelvic sidewall adenopathy. Heavy atheromatous disease in the aortoiliac vessels.

As noted previously, there is scarring inferiorly in the left kidney as well as right upper pole renal cysts. There [are] also bilateral inguinal hernias, larger on the left. The fluid-signal lesion in the anterior part of the head and neck, is likely to be a synovial herniation pit of no significance. There is no MRI evidence of a bone metastasis.

### IMPRESSION:

31 cc prostate with a malignant-looking lesion straddling the midline in the basal third of the peripheral zone and extending into the seminal vesicles, particular the right. This is associated with malignant-looking right pelvic sidewall and right iliac adenopathy with possible early retroperitoneal involvement.

Benign prostatic hyperplasia which probably explains the bladder wall thickening.

No bone metastasis.

Results conveyed to referring Clinician.

Reported By: Dr. [REDACTED]

**Writer's note:** Akufu-Addo's normal PSA should have been 3.72 according to his doctors, but his PSA was found to be 89.8, which is dangerously high and which clearly established that he had prostate cancer, measuring 4.5 x 4.3 x 3.1 cm giving a gland volume of 31 cc.

For non-medical people, an obturator is one of the two muscles covering the outer front part of the pelvis on each side and involved in the movements of the thigh and hip; while the iliac is the nearby regions of the lower body where the "ilium" or the large broad bone forms the upper part of each half of the pelvis.

Atheroma simply means a degeneration of the walls of the arteries caused by accumulated fatty deposits and scar tissue, one leading to a restriction of blood circulation and a risk of thrombosis.

And adenopathy (the short form of Lymphadenopathy) is a disease of the lymph nodes, in which they are abnormal in size, number, or consistency. A lymph is a colorless fluid containing white blood cells, which bathes the tissues and drains through the lymphatic system into the bloodstream. The lymphatic system is the network of vessels

through which lymph drains from the tissues into the blood, while a lymph node is the number of small swellings in the lymphatic system where lymph is filtered and lymphocytes are formed.



**Name:** Akufo-Addo, Nana A. D.  
**Dob:** 29/03/1944  
**Sex:** M  
**Exam Date:** 29/01/2014  
**Unit No:** [REDACTED]  
**Phys:** [REDACTED]  
**NHS No:** [REDACTED]

### EXAMINATION:

CT Thorax, Abdomen and Pelvis  
**CLINICAL INDICATION:**

Prostate cancer treated with external beam radiotherapy. UTI recurrence. Crepitations lung bases. Query chest infection.

### REPORT:

The present scan is compared with the previous examination of 11/01/2014. The scan was obtained without IV contrast in view of the renal impairment.

The lungs are clear. There is no hilar or mediastinal lymphadenopathy. The heart is enlarged and there is quite marked coronary artery calcification. There is unfolding of the aorta.

The unenhanced liver looks normal. No focal liver lesions are identified and there is no duct dilatation. The gallbladder is contracted but looks unremarkable. The pancreas, adrenals and spleen look normal.

There are a couple of cysts at the upper pole of the right kidney, the largest measuring 3 cm. There is quite extensive perinephric stranding with retroperitoneal fat stranding along the ureters on both sides. The calices are not distended but there is mild dilatation of the extrarenal pelvices and the right ureter in particular is a little prominent. The AP diameter of the right renal pelvis measures 16 mm and the left 11 mm, which is unchanged compared to the previous scan of 11/01/2014.

The bladder is catheterised and empty. There are fiducial markers in the prostate.

There are small inguinal hernias on both sides, larger on the left than the right, containing fat only.

The stomach and small bowel look grossly normal. The colon is unprepared and there is some faecal loading but no large bowel pathology is identified.

There are degenerative changes in the

spine. No sinister bone pathology is seen.

### CONCLUSION:

There is more perinephric fat stranding than before, but the degree of PC system dilatation is unchanged. This could be related to infection. If there is some obstruction, this does not appear much changed compared to the previous scan but it is possible this was more significant prior to the recatheterisation.

**Reported by Dr.** [REDACTED]



**Writer's note:** This report was categorical. Akufo-Addo's prostate cancer was treated with external beam radiotherapy. And the examination found "more perinephric fat" in the kidney.

Medically, "perinephric fat" is the short form of saying "adipose capsule of kidney," otherwise known as "perirenal fat," which is the structure between the renal fascia and renal capsule, and may be regarded as a part of the latter. In a layman's view, this concerns the kidney and its matters, which in Akufo-Addo's case the test on January 29, 2014, found "quite extensive" or "more perinephric fat stranding than before," a sign of kidney disease.



**Name:** Akufo-Addo, Nana A. D.  
**Dob:** 29/03/1944  
**Sex:** M  
**Exam Date:** 14/01/2014  
**Unit No:** [REDACTED]  
**Phys:** [REDACTED]  
**NHS No:** [REDACTED]

### EXAMINATION:

Portable Chest X-Ray

### CLINICAL INDICATION:

Acute kidney injury. Off filter. To rule out fluid overload.

### REPORT:

The film was taken AP making it difficult to assess the cardiac size although the heart appears enlarged and there is some unfolding of the aorta. The lungs are clear. The positions of the central lines are satisfactory.

**Reported By: Dr.** [REDACTED]



**Writer's note:** This report proves Akufo-Addo also has acute kidney injury and an enlarged heart. Also known as cardiomegaly, it is a medical condition in which the heart is



enlarged. According to medical experts, the causes of cardiomegaly may vary. "Many times this condition results from high blood pressure (hypertension) or coronary artery disease," according to one medical source. "An enlarged heart may not pump blood effectively, resulting in congestive heart failure. Cardiomegaly may improve over time, but many people with an enlarged heart need lifelong treatment with medications. Recent studies suggest that cardiomegaly is associated with a higher risk of sudden cardiac death."

### Covering his tracks

Interestingly, most of the times when the NPP presidential candidate felt the need to travel to London for medical treatment, he was spotted in the British capital doing other extra-medical activities, perhaps to prove that he was well. For example, before he did his June 13, 2013 medical examination at the



**Nana Akufo-Addo and his wife Rebecca now face difficult decisions regarding their privacy in the public sphere, especially when the political stakes are so high as Akufo-Addo makes his third bid for the presidency.**

prying eyes away from his treatment at the Wellington Hospital.

### The consequences

The revelations carried by *Africawatch* in this report are likely to provoke impassioned debate in Ghana over the suitability of Akufo-Addo to run for the highest office in the land. NPP members may struggle in this debate in view of the positions they once took against former President Mills whose health was a topic they did not miss an opportunity to use against him.

What is not clear is how the ruling NDC party would approach the subject of Akufo-Addo's health now that the tables are turned. Will they use it against him or will they follow through on President John Mahama's pledge at a campaign gathering in Accra in November last year that the NDC would not use anyone's health or age as a campaign tool?

Curiously, in a recent radio interview, the NPP's communications director, Nana Akomea, appeared to rule out Akufo-Addo's ability to perform his duties as a president given all the illnesses afflicting him. In a response to a question as to how medical problems could affect a president's performance, Akomea unwittingly but presciently turned the tables on his presidential candidate by saying:

"If you are a president and you have prostate cancer and it is affecting your work ... some of these sicknesses are such that it would affect your work ... it will; if you have kidney worries, you have to go for dialysis maybe twice a week, people would have to know that you have a kidney problem.

"I mean if you have a backache, that is nothing. It doesn't affect your work. So the lesson is that with the kind of sickness that Professor Mills had, and everybody could see that he was sick, they would have benefitted if they had told Ghanaians what was happening. They would have gotten a lot of sympathy and it probably would have been less stressful for him."

After the NPP berated the NDC for concealing the details of Mills' health, after consistently calling for them to be made public, it is unclear how the same party will respond to a demand for its own presidential candidate to come clean on his health status.

When Akomea was asked in the interview whether presidential candidates should

disclose their health status and whether it was politically unwise or suicidal for them to do so, his response was very instructive:

"No, no, no, no," he said. "When you go to other places, when the president is having a condition, it is known. It is known. When the Queen goes to hospital, the Queen of England, they don't hide it. She is not a superwoman. When she goes to hospital it is known, television cameras go there when she is coming out [of hospital]."

"If Prince Charles were to be hospitalized, it would be known. I mean we are not saying that when you have a headache or you have a cold, it should be on the front page of the *Graphic* [Ghana's leading newspaper owned by the State]. When you have a serious medical condition, the people deserve to know. You see, because it is the people who are bearing the cost of the treatment and the people deserve a right to know about the state of health of the person that they have entrusted national leadership to. They deserve the right to know."

Will the NPP now live up to their own words and allow the people of Ghana to know the true health status of the man they are putting forward as the candidate for the highest office in the land?

With the leaking of Akufo-Addo's medical reports, the genie is now out of the bottle. Perhaps the best way for the NPP to handle this serious health issue is not to lie about it or use subterfuge as a cover up, but to face the issue head on in an open, frank manner, as all Ghanaians need to know how this health issue would impact on his ability to govern properly if they vote for him.

Akufo-Addo's medical reports seen by *Africawatch* are "worrisome" as his own doctors put it. How all these illnesses will impinge on his ability to govern properly if he wins the December 2016 presidential election is anybody's guess. But are Ghanaians prepared for another "Mills syndrome," where ill health rendered the president incapable of performing his functions properly and yet was propped up by his party to continue in office – an ill health that eventually led to his death on the job, with all its implications?

As regards the personal life of Akufo-Addo, his reasons for keeping his health issues private are clearly trumped by the need for all Ghanaians to know who they are electing to lead their country, and what that person's condition truly is, both in body and soul. ■

Wellington Hospital, Akufo-Addo attended a church service with his wife, Rebecca, at the Grovesnor Chapel in Mayfair, Central London, to worship with the local Ghanaian community.

For his medical examination conducted on January 29, 2014, Akufo-Addo, who was then in London to recharge his batteries after Ghana's Supreme Court rejected his appeal to overturn the 2012 presidential election result, postponed his return to Accra. He announced that he would stay away from Ghana because he did not want to influence the voting in the then impending NPP internal elections.

But as it transpired, his medical checkup at the Wellington Hospital was a more pressing matter than not wanting to interfere in the NPP's internal elections. After all, in the age of improved telecommunications, Akufo-Addo did not need to be present in Ghana to interfere in the NPP elections. But he used his non-interference pledge as a cover to turn

Prostate cancer, the disease that Ghana's opposition NPP presidential candidate Nana Akufo-Addo is suffering from, has been well known to the world of medicine. As such, a lot of research has already been done, and newer and better treatment and drugs have been found in recent years to treat it. Yet some patients survive and others do not. In this piece, taken from the American Cancer Society, we look at what is prostate cancer, and the chances of survival.



# PROSTATE CANCER

## What is this disease?

**T**o better understand what is prostate cancer, one has to look at cancers as a whole. Cancer is not just one disease. Medical experts say it can start at any place in the body – in the lungs, the breast, the colon, or even in the blood. It starts when cells grow out of control and crowd out normal cells. This makes it hard for the body to work the way it should. Cancers are alike in some ways, but they are different

in the ways they grow and spread. However, the good news is that cancer can be treated very well for many people. In fact today more people than ever before lead full lives after cancer treatment.

Medical experts say cancers are alike in the way they start. The cells in the human body all have certain jobs to do. Normal cells divide in an orderly way and die when they are worn out or damaged, and new cells take their place. Cancer is when the cells start to grow

out of control. This causes problems in the part of the body where the cancer starts.

Cancer cells can also spread to other parts of the body. For instance, cancer cells in the lung can travel to the bones and grow there. When cancer cells spread, it is called metastasis. When lung cancer spreads to the bones, it is still called lung cancer. To doctors, the cancer cells in the bones look just like the ones from the lung. It is not called bone cancer unless it started in the bones.





Clinical oncologists Dr. Joel Yarney (R) and Dr. Clement Edusa look at a scan of a cancer patient on a computer screen at the Korle Bu Teaching Hospital in Accra, in this file picture taken on April 24, 2012. Most of Africa's roughly 2,000 languages have no word for cancer. There are an estimated one million new cancer cases seen in sub-Saharan African nations every year.

Some cancers grow and spread fast. Others grow more slowly. They also respond to treatment in different ways. Some types of cancer are best treated with surgery, others respond better to drugs called chemotherapy, and others to radiation.

Surgery can be used to take out the cancer. The doctor might also take out some or all of the body part the cancer affects. For breast cancer, part (or all) of the breast might be removed. For prostate cancer, the prostate

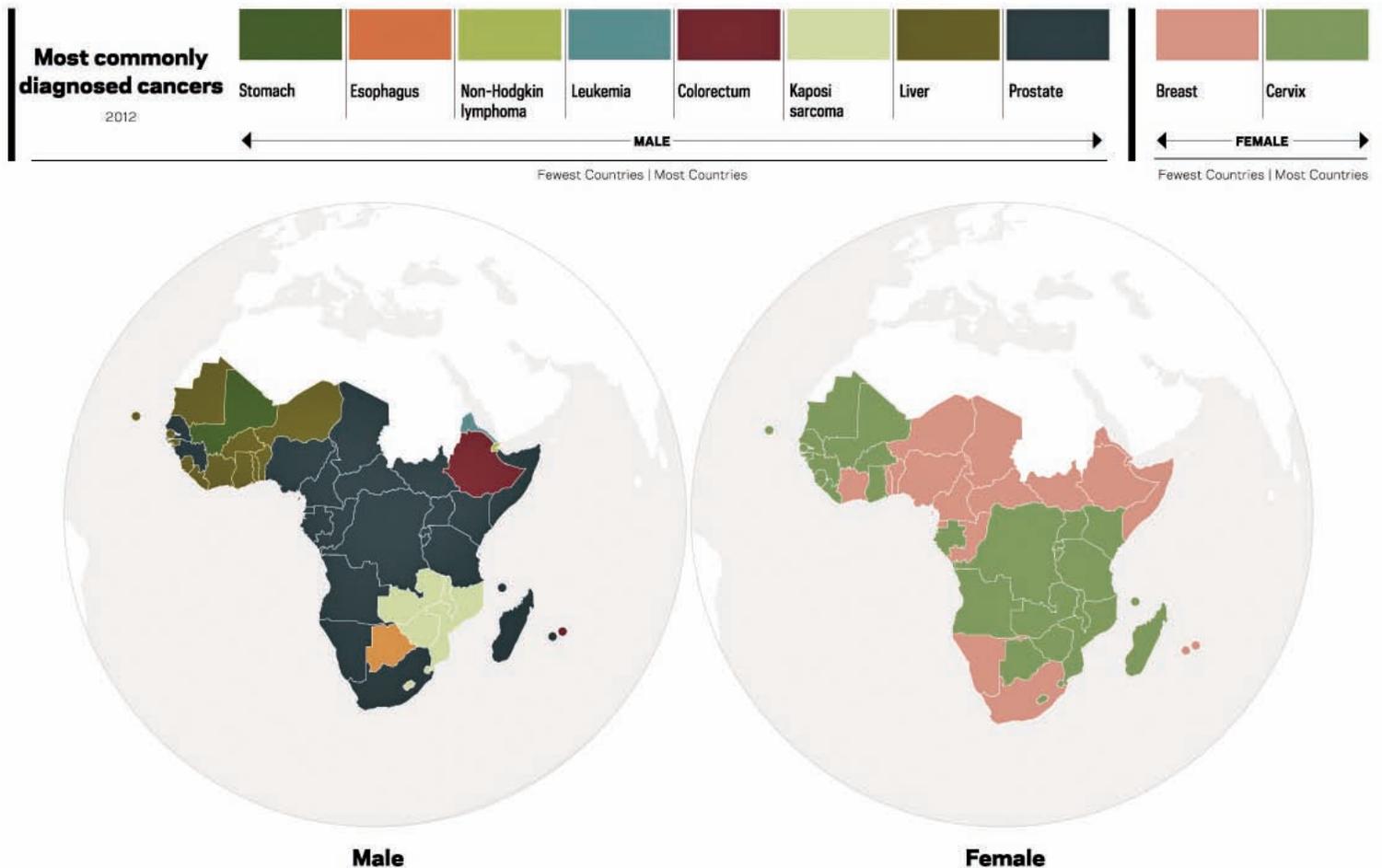
gland might be taken out. But surgery is not used for all types of cancer. For example, blood cancers like leukemia are best treated with drugs.

#### Prostate cancer

Prostate cancer begins when cells in the prostate gland start to grow uncontrollably. The prostate is a gland found only in males. It is below the bladder and in front of the

rectum. It makes some of the fluid that is part of semen.

The size of the prostate changes with age. In younger men, it is about the size of a walnut, but it can be much larger in older men. Just behind the prostate are glands called seminal vesicles that make most of the fluid for semen. The urethra, which is the tube that carries urine and semen out of the body through the penis, goes through the center of the prostate.



Almost all prostate cancers are adenocarcinomas, malignant tumors formed from glandular structures in the epithelial tissue, which is the thin tissue forming the outer layer of a body's surface and lining the alimentary canal and other hollow structures. The alimentary canal is the whole passage along which food passes through the body from mouth to anus during digestion.

Some prostate cancers can grow and spread quickly, but most grow slowly. In fact, autopsy studies show that many older men (and even some younger men) who died of other causes also had prostate cancer that never affected them during their lives. In many cases neither they nor their doctors even knew they had it.

### Risk factors

Different cancers have different risk factors. A risk factor is anything that affects your chance of getting a disease such as cancer. Some risk factors, like smoking, can be changed. Others, like a person's age or

family history, can't be changed. But having a risk factor, or even several, does not mean that you will get the disease. Many people with one or more risk factors never get cancer, while others who get cancer may have had few or no known risk factors.

Researchers have found several factors that might affect a man's risk of getting prostate cancer. The first is age. Prostate cancer is rare in men younger than 40, but the chance of having prostate cancer rises rapidly after age 50. About 6 in 10 cases of prostate cancer are found in men older than 65.

Race or ethnicity is another risk factor. For example in the USA, prostate cancer occurs more often in African-American men and in Caribbean men of African ancestry than in men of other races. African-American men are also more than twice as likely to die of prostate cancer as white men. But prostate cancer occurs less often in Asian-American and Hispanic/Latino men than in non-Hispanic whites. The reasons for these racial and ethnic differences are not clear.

Then there is geography as a risk factor. Prostate cancer is most common in North America, northwestern Europe, Australia, and in the Caribbean. It is less common in Asia, Africa, Central America, and South America. The reasons for this are also not clear. More intensive screening in some developed countries probably accounts for at least part of this difference, but other factors such as lifestyle differences (diet, etc.) are likely to be important as well.

Another risk factor is family history. Prostate cancer seems to run in some families, which suggests that in some cases there may be an inherited or genetic factor. Still, most prostate cancers occur in men without a family history of it.

But having a father or brother with prostate cancer more than doubles a man's risk of developing this disease. The risk is higher for men who have a brother with the disease than for those who have a father with it. Experts say the risk is much higher for men with several affected relatives, particularly if their relatives were young when the

cancer was found.

Another risk factor is gene changes. Several inherited gene changes seem to raise prostate cancer risk, but they probably account for only a small percentage of cases overall.

### Other factors

There are other factors with less clear effects on prostate cancer risk. The following are some of them.

(a) Diet: The exact role of diet in prostate cancer is not clear, but several factors have been studied. Men who eat a lot of red meat or high-fat dairy products appear to have a slightly higher chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Doctors aren't sure which of these factors is responsible for raising the risk.

Some studies have suggested that men who consume a lot of calcium (through food or supplements) may have a higher risk of developing prostate cancer.

(b) Obesity: Being obese (very overweight) does not seem to increase the overall risk of getting prostate cancer. In fact, some studies have found that obese men have a lower risk of getting a low-grade (less dangerous) form of the disease, but they have a higher risk of getting more aggressive prostate cancer. The reasons for this are not clear.

(c) Smoking: Most studies have not found a link between smoking and getting prostate cancer. Some research, however, has linked smoking to a possible small increased risk of dying from prostate cancer, but this finding needs to be confirmed by other studies.

(d) Inflammation of the prostate: Some studies have suggested that prostatitis (inflammation of the prostate gland) may be linked to an increased risk of prostate cancer, but other studies have not found such a link. Inflammation is often seen in samples of prostate tissue that also contain cancer. The link between the two is not yet clear and is an active area of research.

(e) Sexually transmitted infections: Researchers have looked to see if sexually transmitted infections (like gonorrhea or chlamydia) might increase the risk of prostate cancer, because they can lead to inflammation of the prostate. So far, studies have not agreed, and no firm conclusions have been reached.

### What's new?

Research into the causes, prevention, detection, and treatment of prostate cancer is ongoing in many medical centers throughout the world. For example, new research on gene



**A cancer patient sits in a chemotherapy ward while receiving treatment at the Korle Bu Teaching Hospital in Accra. The number of new cases of cancer in Sub-Saharan Africa is predicted to double to 2 million every year in the next decade.**

changes linked to prostate cancer is helping scientists better understand how prostate cancer develops. This could make it possible to design medicines to target those changes.

Tests to find abnormal prostate cancer genes could also help identify men at high risk who might benefit from screening or from chemoprevention trials, which use drugs to try to keep them from getting cancer.

Most of the gene mutations that have been studied as factors that might increase prostate cancer risk are from chromosomes that are inherited from both parents. Some research has found that a certain variant of mitochondrial DNA, which is inherited only

from a person's mother, might also raise a man's risk of developing prostate cancer.

### Prevention

As prevention is better than cure, researchers continue to look for foods that can help lower prostate cancer risk. Scientists have found some substances in tomatoes (lycopenes) and soybeans (isoflavones) that might help prevent prostate cancer. Studies are now looking at the possible effects of these compounds more closely.

Scientists are also trying to develop related compounds that are even more potent and

might be used as dietary supplements.

One vitamin that may be important in prevention is vitamin D. Some studies have found that men with high levels of vitamin D seem to have a lower risk of developing the more lethal forms of prostate cancer. Overall though, studies have not found that vitamin D protects against prostate cancer.

Many people assume that vitamins and other natural substances are safe to take, but recent research has shown that high doses of some may be harmful, including those in supplements marketed specifically for prostate cancer. For example, one study found that men who take more than seven multi-vitamin tablets per week may have an increased risk of developing advanced prostate cancer.

Another study showed a higher risk of prostate cancer in men who had high blood levels of omega-3 fatty acids. Fish oil capsules, which some people take to help with their heart, contain large amounts of omega-3 fatty acids.

Some research has suggested that men who take a daily aspirin for a long time might have a lower risk of getting and dying from prostate cancer. Still, more research is needed to confirm this, and to confirm that any benefit outweighs potential risks, such as bleeding.

### Early detection

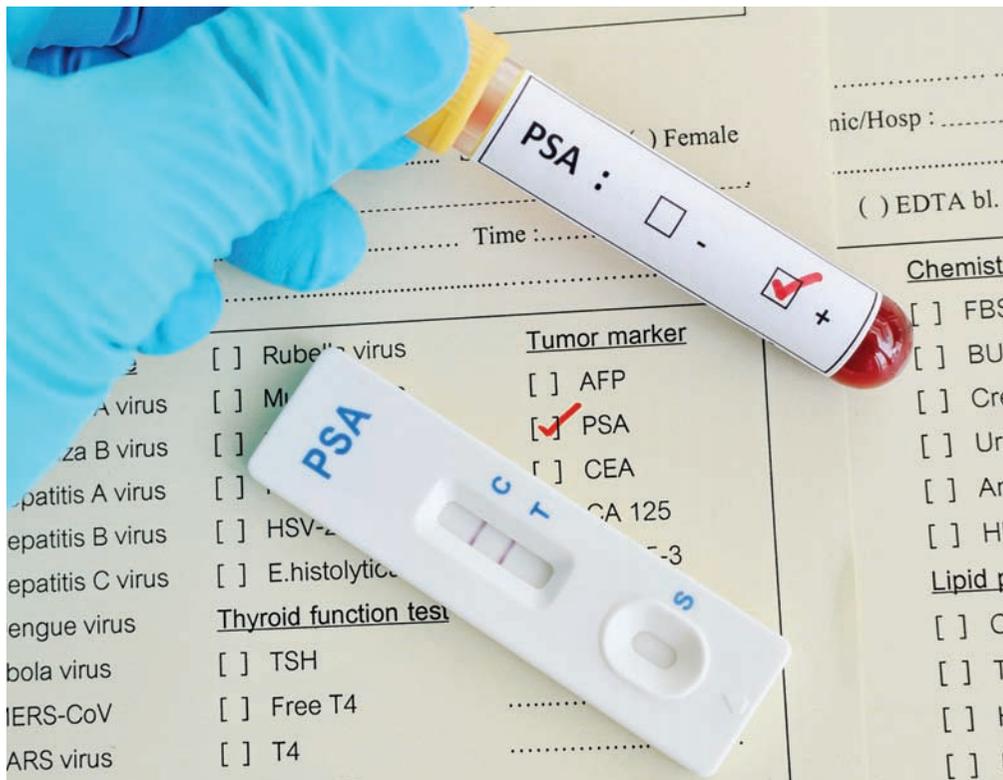
Screening can help find some types of cancers at an early stage, when they are likely to be easier to treat. Screening is testing to find cancer in people before they have symptoms.

Medical experts say that prostate cancer can often be found before symptoms arise by testing the amount of prostate-specific antigen (PSA) in a man's blood. Another way to find prostate cancer is the digital rectal exam (DRE), in which the doctor puts a gloved, lubricated finger into the rectum to feel the prostate gland.

If the results of either one of these tests are abnormal, further testing is often done to see if a man has cancer. If prostate cancer is found as a result of screening with the PSA test or DRE, it will probably be at an earlier, more treatable, stage than if no screening were done.

### Diagnosis

Doctors doing prostate biopsies often rely on transrectal ultrasound (TRUS), which creates black and white images of the prostate using sound waves, to know where to take samples from. But standard ultrasound may not detect some areas containing



By testing the amount of prostate-specific antigen (PSA) in a man's blood, medical experts say that prostate cancer can often be found before symptoms arise.

cancer. A newer approach is to measure blood flow within the gland using a technique called color Doppler ultrasound. Tumors often have more blood vessels around them than normal tissue. It may make prostate biopsies more accurate by helping to ensure the right part of the gland is sampled.

An even newer technique may enhance color Doppler further. In this approach, the patient is first injected with a contrast agent containing microbubbles, which helps improve the ultrasound images. Promising results have been reported, but more studies will be needed before its use becomes common. Doctors are also studying whether MRI can be combined with TRUS to help guide prostate biopsies in men who previously had negative TRUS-guided biopsies but when the doctor still suspects cancer.

### Staging

Determining the stage (extent) of prostate cancer plays a key role in determining a man's treatment options. But imaging tests for prostate cancer such as CT and MRI scans can't detect all areas of cancer, especially small areas of cancer in lymph nodes.

A newer method known as multiparametric MRI can be used to help determine the extent of the cancer and how aggressive it might be, which might affect a man's treatment options.

Another newer method, called enhanced MRI, may help find lymph nodes that contain cancer cells. Early results of this technique are promising, but it needs more research before it becomes widely used.

### Treatment

Once prostate cancer has been diagnosed and staged, a patient has a lot to think about before he and his doctor choose a treatment plan. It is important that he thinks carefully about each of his choices.

He will want to weigh the benefits of each treatment option against the possible risks and side effects. Depending on the situation, the treatment options for men with prostate cancer might include: Watchful waiting or active surveillance, surgery, radiation therapy, cryotherapy (cryosurgery), hormone therapy, chemotherapy, vaccine treatment, and bone-directed treatment. These treatments are generally used one at a time, although in



**Prostate cancer treatment comes in many forms, each with benefits and risks that must be individually assessed.**

some cases they may be combined.

As at now, the main types of doctors who treat prostate cancer include:

(a) Urologists: surgeons who treat diseases of the urinary system and male reproductive system (including the prostate).

(b) Radiation oncologists: doctors who treat cancer with radiation therapy.

(c) Medical oncologists: doctors who treat cancer with medicines such as chemotherapy or hormone therapy.

The good news is that newer treatments are being developed, and improvements are being made among many standard prostate cancer treatment methods. For example, doctors are constantly improving the surgical techniques used to treat prostate cancer. The goal is to remove all of the cancer while lowering the risk of complications and side effects from the surgery.

Technology is also making other forms of radiation therapy more effective as well. New computer programs allow doctors to better plan the radiation doses and approaches for both external radiation therapy and brachytherapy.

Researchers are also looking at newer forms of treatment for early-stage prostate

cancer. These new treatments could be used either as the first type of treatment or after radiation therapy in cases where it was not successful. One new treatment, known as high-intensity focused ultrasound (HIFU), destroys cancer cells by heating them with highly focused ultrasonic beams. This treatment has been used in some countries for a while.

### **Lifestyle changes**

Many studies have looked at the possible benefits of specific nutrients (often as supplements) in helping to treat prostate cancer, although most of this research is still ongoing. Some compounds being studied include extracts from pomegranate, green tea, broccoli, turmeric, flaxseed, and soy.

Some early research has found that in men with a rising PSA level after surgery or radiation therapy, drinking pomegranate juice or taking a pomegranate extract may slow the time it takes for the PSA level to double. Larger studies are now looking for possible effects of pomegranate juices and extracts on prostate cancer growth.

Some encouraging early results have also

been reported with flaxseed supplements. One small study in men with early prostate cancer found that daily flaxseed seemed to slow the rate at which prostate cancer cells multiplied. More research is needed to confirm this finding.

Elsewhere, several newer forms of hormone therapy have also been developed in recent years. Some of these may be helpful even if standard forms of hormone therapy are no longer working.

Another known treatment is chemotherapy (or chemo for short). This involves the use of drugs to kill cancer cells or slow their growth. Some chemo can be given by IV (into a vein through a needle), and others are a pill a patient swallows. Because chemo drugs travel to nearly all parts of the body, they are useful for cancer that has spread. Studies in recent years have shown that many chemotherapy drugs can affect prostate cancer.

Radiation is also used to kill or slow the growth of cancer cells. It can be used alone or with surgery or chemo.

### **Vaccines**

Unlike vaccines against infections like measles or mumps, prostate cancer vaccines are designed to help treat, not prevent, prostate cancer. One possible advantage of these types of treatments is that they seem to have very limited side effects.

Several other types of vaccines to treat prostate cancer are being tested in clinical trials. One example is PROSTVAC, which uses a virus that has been genetically modified to contain prostate-specific antigen (PSA). The patient's immune system should respond to the virus and begin to recognize and destroy cancer cells containing PSA. Early results with this vaccine have been promising, and a larger study is now under way.

Another treatment has been using immune checkpoint inhibitors. An important part of the immune system is its ability to keep itself from attacking other normal cells in the body. To do this, it uses "checkpoints" – molecules on immune cells that need to be turned on (or off) to start an immune response. Cancer cells sometimes use these checkpoints to avoid being attacked by the immune system.

But newer drugs that target these checkpoints hold a lot of promise as cancer treatments. One promising approach for the future might be to combine a checkpoint inhibitor with a prostate cancer vaccine. This might strengthen the immune response and help the vaccine work better.

All in all, the bottom line is that some patients respond well to prostate cancer treatment and survive and others do not. ■