Cancer Surgery For Women: Scaling Up Capacity and Training in LMICs

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A Model for Scaling Up Cancer Surgery in LMICs

• **Situational analysis**
  - Asses state of the nations cancer burden
  - Data-driven map of needs specific to each country
  - Creates pathway for planning, implementing, evaluating, and modifying the surgical intervention
  - Garners political will

• **Identify highest priority diseases that can be managed by resource-appropriate, sustainable interventions**

• **Implement core-competencies-based training of local cadres of health workers**

• **Utilize innovative approaches to care delivery**
  - incorporate affordable technology for mentoring, monitoring, outcomes evaluation and ongoing program adaptation

• **Implement surgical intervention in a public health framework to strengthen health systems at all levels**
Integrate Surgical Intervention Within Existing Health Care System

• Most health problems are multifactorial
  - water, electricity
  - access to services
  - labs and diagnostics
  - procurement and distribution of medical equipment and supplies
  - accountability
  - maintenance, waste disposal
  - human resources management
  - user fees and indirect payments, etc.

• Strengthen healthcare system through integration into the primary healthcare system
Situational Analysis → National Political Will

Identification of Priority Cancers (e.g. Women’s Cancers)

Women’s Surgical and Gyn Oncology Training Program at Tertiary Hospital

- Surgical and Gyn Oncology Training Curriculum
  - Intensive, competency-based, and certificate-earning
  - Multidisciplinary Team Training Curriculum
    - Efficiency-based and “task-shifting”-oriented

Women’s Surgical and Gyn Oncology Team
- Consisting of women’s cancer surgical specialist and multidisciplinary team

Clinically-Mentored Surgical Training
- Led by regional and international women’s surgical and gyn oncology experts; supplemented with telementoring-conferencing, computer-based learning, postmortems, simulations

Integration of Women’s Surgical and Gyn Oncology Services into Existing Public Sector Health System at District Hospital

Multidisciplinary Team Training
- Training of ancillary staff using a ‘Performance Management Model’
Essential Components of Scaling Up

• Start by doing what’s best, easiest and most impactful

• Elect a surgical intervention model that is safe, achievable, resource-appropriate and sustainable in the environment
  - Breast Health Guidelines International (BHGI)
  - National Comprehensive Cancer Network (NCCN)
  - American Society of Clinical Oncology (ASCO)

• Centralize complex, high-resource, infrastructure dependent surgical procedures to a central training center

• Initially scale up only the less complex surgical procedures to district hospitals

• Train local cadres of women’s cancer surgical specialists and multidisciplinary care teams
Essential Components of Scaling Up - II

• **Train local cadres of women’s cancer surgical specialists/leaders and their multidisciplinary care teams**
  - Classic bedside and intraoperative teaching enhanced with computer-based learning, telementoring, low-cost simulations, and post-mortems to decrease training time

• **Emphasize the importance of strong clinical leadership, professionalism and transparency, as well as an intolerance of corruption and disrespectful attitudes**

• **Innovate to fill healthcare worker gap**
  - Task shift: nurses to perform biopsy of lower female genital tract lesions, ultrasound-guided biopsy of palpable breast masses

• **Harness and incorporate affordable technology**
  - Point of care testing
  - Telepathology
  - Cell phone based diagnostics
  - Key tumor markers for risk stratification and decision making
Summary

• Training should be resource-contextualized; aimed at the efficient production of cadres of women’s cancer surgical specialists/leaders who can competently perform specific surgical oncology procedures

• Multidisciplinary support teams should be trained to function efficiently as a cohesive unit

• Scale-up should be gradual and designed to obtain early success and high impact

• Advocacy and community education must be central to the effort to create health-promoting environments and reduce modifiable risk factors

• Implementation science research, monitoring and evaluation of services, trends and progress are critical