Agenda

- Introduction
- Presentation of 3 collaborations – case studies
- How can UICC support
- Discussion
- Conclusion
CASE STUDIES
Case study

Project R.O.S.E

(Removing Obstacles to cervical Screening): design thinking applied to cervical screening

Other organisations or stakeholders involved:
1. VCS Foundation
2. Ministry of Health Malaysia
3. Cancer Research Malaysia
4. Celcom Axiata Sdn Bhd
5. George Washington University
6. Cepheid Ltd
Summary

- Cervical cancer still a threat to women and families in developing countries.
- Patient and infrastructural related barriers limit uptake of screening
- Solutions from high-resourced settings not successful
- Project ROSE brought together non-conventional partners and individuals. Unique contributions with ONE VISION
- Principles of design thinking: empathy, define, ideate, prototype, TEST
- Innovation incorporates self-sampling, HPV DNA testing and digital technology
Results achieved

Screened: 1027  HPV+: 5.5%

Why ROSE?

Simple
Quick
Self performed
Fast results

Results on phone
94% engaged in care

Pap or ROSE?

ROSE against
ROSE for friends?
Lessons learned

• The ‘unique’ funding /financing and project management relied on good-will, some elements of risk and driven by vision.

• ‘Patient’ and ‘Healthcare’ challenges

• Human-centered approach tapping on collaborative expertise

• Recommendation
  – In-depth knowledge of local factors
  – Local champions
  – Do not be afraid to ask
  – Do not limit yourself to the ‘usual suspects’
Regular cervical screening tests save lives.

ONE QUICK SWIPE to detect viruses that can cause cervical cancer with RESULTS WITHIN 3 DAYS.

✓ Simple ✓ Painless
✓ Effective ✓ Do-It-Yourself

Spare 5 minutes. It could save your life.

‘Let’s join in the vision and mission of eliminating cervical cancer’

Engagement opportunities

• Project ROSE can be replicated in other settings and opened to new partners.
Case study

University of Santo Tomas Hospital – Benavides Cancer Institute

In cooperation with
University of Santo Tomas – Faculty of Medicine and Surgery
Center for Pain Medicine
University of Santo Tomas – Institute of Information and Communication Sciences
University of Santo Tomas College of Rehabilitation Sciences
University of Texas MD Anderson Cancer Center – Department of Emergency Medicine

Internet-Based Computerized Patient Assessment System
Summary

Outpatient Pain Management
- Pain diary and outpatient clinic visits
- Periodic reporting, recall bias
- Frequent ER visits and hospitalization due to pain crises

iComPAsS
- ESAS: Remote pain and symptom reporting
- Empowers patient
- Facilitates symptom assessment and management

Expansion
- Other tools (symptom inventory, QOL)
- Other settings
- Other indications
## Results achieved

- **ESAS: Remote pain and symptom reporting**
  - Compliance to reporting
  - Shorter time to adequate pain control
  - Less ER visits or hospitalization due to pain crises

<table>
<thead>
<tr>
<th>Tracking period</th>
<th>Compliance</th>
<th></th>
<th>Pain Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control, mean ±SD (%)</td>
<td>iComPAsS, mean ±SD (%)</td>
<td>P value</td>
</tr>
<tr>
<td>Overall</td>
<td>19.92±25.48</td>
<td>34.09±23.34</td>
<td>&lt;0.01</td>
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<tr>
<td>3rd week</td>
<td>26.12±35.56</td>
<td>64.29±28.04</td>
<td>&lt;0.01</td>
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<tr>
<td>6th week</td>
<td>37.71±50.27</td>
<td>48.81±31.30</td>
<td>0.24</td>
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<tr>
<td>12th week</td>
<td>19.11±32.67</td>
<td>36.88±32.06</td>
<td>0.02</td>
</tr>
<tr>
<td>20th week</td>
<td>11.61±31.02</td>
<td>15.57±24.96</td>
<td>0.54</td>
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</tbody>
</table>
## Lessons learned

<table>
<thead>
<tr>
<th>The Good</th>
<th>The Bad</th>
<th>The Remedy</th>
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<tbody>
<tr>
<td>• Assessment of patient needs, attitude and</td>
<td>• Involvement of ICS students rather than post-graduate ICS engineers in the app development</td>
<td>• Pace and rhythm of app design and updates largely related to the academic year, with delay in the</td>
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<tr>
<td>readiness towards health-related ICT</td>
<td></td>
<td>technical development of the app</td>
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<td>prior to the undertaking</td>
<td></td>
<td>⑩ Periodic documentation of end-user feedbacks</td>
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<td>• Early patient engagement in the app</td>
<td></td>
<td>⑩ Incorporation of modifications in stages</td>
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<td>development and design</td>
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Engagement opportunities

• This is an open initiative.

• For purposes of scale-up, we are exploring piloting it in other settings:
  ❑ Non-teaching versus teaching private centers
  ❑ Non-teaching versus teaching government centers
  ❑ Urban versus rural areas

• How can one get involved?
  Please contact any of the following investigators:
  Dr. Teresa T. Sy Ortin tere54@yahoo.com
  Dr. Jocelyn C. Que joycque@gmail.com
  Dr. Warren R. Bacorro warrenbacorro@gmail.com
Case study

Cancer Council Victoria

Other organisations or stakeholders involved:
VicHealth
GLOBE Global Obesity Centre, Deakin University
Diabetes Victoria

Obesity Policy Coalition
Summary

Burden of Disease in Australia
Overweight/obesity  5.5%
Unhealthy diets  7.2%

Policy and regulation critical in creating environments supportive of health

Objectives:
Identify, analyse and advocate for evidence based policy and regulatory initiatives
Enforcement of existing laws and self-regulation

Focus areas:
food marketing
labelling
tax/pricing issues

Partnership provides capacity to engage in food policy issues
Results achieved

Media Advocacy

Labelling
Complaints under consumer legislation – Coca Cola, Heinz Shredz
Interpretive front of pack labelling – Health Star Rating System

Advertising
Regulatory blueprint and challenging operation of self-written industry codes

Tax and pricing
Led policy discussions on health levy on sugary drinks

Collaborations
Tipping the Scales – Australian obesity consensus
Platform of 8 key actions supported by 40 national organisations
Lessons learned

One change:
• Funding

Challenges:
• Demonstrating effectiveness
• Scope of influence

Recommendations:
• Opportunities from hosting organisation for amplification
Engagement opportunities

• Focus on domestic policy agenda
• Some capacity to influence international agenda
• Model for replication
• Support to others
Opportunities for UICC Members

**Connect globally**

- **WORLD CANCER DAY**  ‘I Am and I Will.’
  - New campaign **4 February 2019**

- **WORLD CANCER LEADERS SUMMIT**
  - **October 2019**, Kazakhstan

- **WORLD CANCER CONGRESS**
  - **19-22 October 2020**, Oman

**Leadership Development**

- **CEO PROGRAMME**
  - Leadership in Action meetings
  - 5 regions in **2019**
  - Short term Leadership Grants

- **YOUNG LEADERS**
  - **April 2019** Call for Applications

**Grants and Fellowships**

- **GRANTMAKING OPPORTUNITIES FOR ORGANISATIONS:**
  - SPARC Metastatic breast cancer
  - Expansion to other topics in **2019**

- **FELLOWSHIPS FUNDING**
  - 1-month learning visit for all professionals – **All year long**

**Treatment for All: National activation**

- **CHAMPION A NATIONAL TFA INITIATIVE**
  - **October 2018**: Call for expressions of interest launched
  - Support country needs assessment
  - Launch dedicated Toolkit on WCD
  - Mentoring from experts

**Regional engagement**

Adapting, facilitating access to & developing activities aligned with Members’ needs and UICC priorities
Discussion

Suggested questions to discuss:

• What would you like to see from UICC?
• What are the needs from the region that would benefit from a collaborative response?
• Who are the stakeholders to have onboard to ensure impact in collaborations?
• Are there inputs/experiences you would like to share with your peers?
Thank you!

Contact us at:

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regionalcb@uicc.org

worldcancercongress.org