The National Cancer Centre, Cambodia

Knowledge exchange between Australian and Cambodian cancer professionals

Mei Ling Yap, Radiation Oncologist
Asia Pacific Special Interest Group (APROSIG) of RANZCR

Session: Delivering equitable access to quality cancer care: Local champions driving change
Track #3

Disclosure of interest: None declared
High demand for radiotherapy in Cambodia

Optimal radiotherapy utilisation rate = 46%

~ 7000 patients who would benefit from radiotherapy

Yap et al Clinical Oncology 2017
Shortage of radiotherapy in Cambodia

Cambodia = demand 17 radiotherapy machines (MVMs)
Currently 2 linacs ~3500 pts/MVM/year
Gap of 15 MVMs
National Cancer Centre, Phnom Penh

- Comprehensive cancer centre
  NCC, opened Jan 2018
  - Chemotherapy
  - Radiotherapy
  - Haematology
  - Nuclear medicine

- Radiotherapy phase I:
  - CT simulator (GE 16 slice)
  - Modern linear accelerator
  - Brachytherapy

- Flagship centre
  - Ultimate plan for ‘Triangle of cancer care’ in Cambodia (NCC + Siam Reap + Kratie)
APROSIG-Cambodia initiative

- Scoping visit September 2016 – identified urgent need for training of local medical physicists/radiation therapists
- From April 2017, radiation therapist trainers for 6-15 months (Australian Volunteers program)
- Australian volunteer medical physicist trainers for 2-12 months
- New Zealander radiation oncologist volunteer ~ 3 months end 2018
- Shorter team visits for education/training
  - Palliative care
  - Oncology nursing
- 8 Cambodian cancer professionals – Australia Awards fellowship for 1 month in Sydney, Australia 2018
- >$200,000 Australasian grant funding
Factors for success

- Local champions ‘from the ground up’
- Government buy-in
- Local work force, international support (Belgium, UCLA…)
- Embrace collaboration
Future

- Continued bilateral exchange in short-intermediate term
- Longer term plan – self sustaining workforce
- Virtual tumour board – IAEA Regional Cooperative Agreement
EXPANDING GLOBAL ACCESS TO SAFE RADIOTHERAPY

- ADVOCACY
- INTERNATIONAL VOLUNTEERS
- RESEARCH
- INTERNATIONAL ORGANISATIONS
- INTERNATIONAL SOCIETIES
- REGIONAL EFFORTS
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- Dr Iain Ward
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CCORE
- Professor Michael Barton
- Dr Tim Hanna

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Cervical Cancer Care Homogenization: National Cancer Grid of India Initiative

– Case Study

Supriya Sastri (Chopra)
Professor, Radiation Oncology, Tata Memorial Hospital (India)
Cervical Cancer: India

New Cases: 97,000/year (17% of world cervical cancer burden)

Lack of formal registry in all states of the country.

No state wise estimation of cervical cancer (Age standardized)

No state wise information on RT treatment resources for cervical cancer.
Tata Memorial Centre

Apex Cancer Centre. Annually 1300 cases of cervix cancer

13 Teletherapy Units, 2 HDR Brachytherapy

550-600 cervical cancer patients treated.

Excellent outcomes at par with international standards.
Translating Care for All

Tata Memorial Centre, 2014-2015 Cohort

25-30% difference in survival by optimal implementation of care

Poor Access to Treatment Facilities and Implementation

12 Multi- Institution Audit, Nandakumar, 2015

High Compliance Cohort

Low Compliance Cohort

No. at risk:
Stage IB-IIA: 178 176 161 140 99 62 33 2
Stage III-IVA: 161 155 133 105 80 48 24 2
Radiation and Chemotherapy as backbone of cervical cancer treatment in India
National Resource Deficit Mapping for Cervical Cancer Radiation

Financial Investment plan for “Treatment for All” for Cervical Cancer

Assumes 10% Machine Space for Cervical Cancer Patients on Tele-therapy units

Chopra S, Shukla,R, Work in Progress, Not to be used without permission
What Additional Cost Investment is Needed?

Investment in 5 Proton Units in India

= 

Treating additional 27,000 women

= 

Treating All Women with Cervix Cancer.
C/Can 2025: City Cancer Challenge

Local Champions Driving Change

Rolando Camacho
C/Can Global Special Advisor
WCC, Kuala Lumpur
October 4th, 2018
City Cancer Challenge Role

- Convening relevant stakeholders ensuring adequate representation
- Mobilization of strong political commitment
- Guidance
- Support to local activities
- Toolkit for assessment / Selection & commitment of participant institutions and professionals to be involved
<table>
<thead>
<tr>
<th>Key learning City</th>
<th>Start the process</th>
<th>CEC</th>
<th>Tech. Committee</th>
<th>Participant Institutions</th>
<th>Professionals involved</th>
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<td>Cali</td>
<td>March 2017</td>
<td>18</td>
<td>20</td>
<td>21</td>
<td>186</td>
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<tr>
<td>Asunción</td>
<td>May 2017</td>
<td>15</td>
<td>24</td>
<td>16</td>
<td>202</td>
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<td>Yangon</td>
<td>July 2017</td>
<td>15</td>
<td>27</td>
<td>20</td>
<td>172</td>
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<tr>
<td>Kumasi</td>
<td>Feb 2018</td>
<td>15</td>
<td>24</td>
<td>21</td>
<td>180</td>
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The Need Assessment allowed the city to make a Situation Analysis

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<td>2. Management of Cancer Services</td>
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<td>3. Quality of Cancer Care</td>
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<td>4. Access to Cancer Care</td>
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<td>• Identification of challenges and main actions to tackle them: Situation Analysis Report</td>
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<td>• Deciding priority actions to reach specific objectives: Plan of Activities</td>
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<td>• Prepare concrete projects in collaboration with partners: City Set of Projects for implementation</td>
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C/Can 2025: Desafío de Ciudades Contra el Cáncer

Reporte del Diagnostico de la Situación de la Atención Oncológica en Cali, Colombia “Primera Ciudad de Aprendizaje”

Diciembre 2017

Situation Analysis Report on Cancer Care in Asuncion, Paraguay

Executive Summary
December 2017

City Cancer Challenge

Report of the Diagnostic Situation of Cancer Care Group:
Yangon, Myanmar

Situation Analysis Report on Cancer Care
December 2017 – March 2018
# The Situation Analysis allowed planning activities

## Process

**Assessed areas:**

1. Core Cancer Services  
2. Management of Cancer Services  
3. Quality of Cancer Care  
4. Access to Cancer Care

## Main results

- Identification of challenges and main actions to tackle them: Situation Analysis Report
- **Deciding priority actions to reach specific objectives: Plan of Activities**
- Prepare concrete projects in collaboration with partners: City Set of Projects for implementation
Needs identified in the Situation Analysis are further refined and structured into a set of high level specific objectives.

All of them are classified in categories according to the kind of support needed for its implementation.

1. Coordination and Collaboration
2. Technical Assistance
3. Developing Human Capital
4. Sustainable Investment
• Assessed areas:
  1. Core Cancer Services
  2. Management of Cancer Services
  3. Quality of Cancer Care
  4. Access to Cancer Care

• Identification of challenges and main actions to tackle them: Situation Analysis Report

• Deciding priority actions to reach specific objectives: Plan of Activities

• Prepare concrete projects in collaboration with partners: City Set of Projects for implementation
Thank you!

Gracias!
Delivering equitable access to quality cancer care: Local Champions Driving Change

The power of convening city stakeholders to assess quality cancer care needs

Aung Naing Soe, Union for International Cancer Control (UICC) (Switzerland)
What did the needs assessment process involve?

• Formation of Executive Committee (EC) and Technical Committee (TC) to lead the assessment process in the city health facilities

• Technical Working Groups formation led by TC members

• Selection of institutions for the survey which could reflect the true situation of cancer services in the City

• Data analysis of the survey to identify:
  1. Problems
  2. Possible solutions which required low and high level of resources
What stakeholders were involved?

1. Administrative bodies
   - Ministry of Health and Sports (central)
   - Yangon Regional Government

2. Technical bodies
   - Myanmar Medical Association
   - Myanmar Oncology Society

3. Private institutions
   - Myanmar Private Hospitals’ Association
   - Shwe Yaung Hnin Si Cancer Foundation
   - U Hla Tun Cancer Foundations

4. Civil society Organizations
   - Total of 20 Public and Private Hospitals which treat cancer patients for survey by

5. Patient support Groups
   - 172 health care professionals participated
   - 260 patients survey were conducted
How did we identify them?

- The political commitment to support the City Cancer Challenge initiative
- The formation of Executive Committee (EC) is led by Ministry of Health and Sports.
- The Technical Committee (TC) members are selected by EC and their participation is officially recognized by the Ministry of Health and Sports.
- EC made sure that all the champions from the public and private sectors are involved in the TC.
Lessons Learned

- **To conduct the comprehensive need assessment across the city administrative support is essential**

- **The local champions, practicing at the actual situation, in each technical area knows the city and the needs (the current health system, the health care practice in the city, the infrastructure and technical needs for cancer care) and the suitable ones for completing the survey questions.**

- **The open discussion with local champions and CCAN technical experts in the series of technical meetings will lead for the comprehensive quality cancer care plan**