### **Steps Towards Quality Cancer Care Delivery: Lessons from Botswana**

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### **Disclosures**

### None



### Cancer is not just a '1<sup>st</sup> world problem'



\*Raw data for graph provided by Globocan, IARC

#### PENN RADIATION ONCOLOGY

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## **Challenges in Radiation in Africa**

#### INFRASTRUCTURE

- •23 of 54 countries have teletherapy services
- •20 had high- or low-dose brachytherapy resources
- •293 radiotherapy machines serving 1 billion individuals
- 1 machine per 3.6 million people (1 machine per million recommended)

#### HUMAN RESOURCES

+12,149 radiation oncologists, 9915 medical physicists, 29,140 RTT needed to meet the gap

Abdel-Waheb et al. Lancet Oncolgy 2013 Grover et al. Front in Oncology. Jan 2015 Balogun et al. Radiation Oncology Aug 2016



## **Challenges in Oncology in Botswana**

- Lack of screening programs
- High patient load (with most patients at advanced stages)
- Human resources (nurses, radiologists)
- Medical records
- Long time for pathology
- Limited radiology capacity
- Chemotherapy Stockouts
- Fragmented care (HIV and oncology)→ treatment delays
- Lack of communication between private and public hospital
- No follow up after treatment
- Lack of data to inform care
- Lack of uniform and relevant treatment guidelines













### **Challenges to expanding radiotherapy**



### **Developing Radiation Capacity**

#### EQUIPMENT

- Appropriate equipment
- Servicing of equipment
- Supply chains

#### PERSONNEL

- Training programs
- Adequate human resources
- Staff retention

### **Developing Radiation Capacity**

#### HEALTH SYSTEMS

- Care pathways
- Care linkage
- Guidelines
- Registries
- Medical records
- Patient engagement
- Follow-up care

#### POLITICAL COMMITMENT

- Government commitment
- Management
- Training
- Retention of staff

### **Multifaceted Approach**



## **Implementation of Radiation Therapy**

- Purchase of equipment (MOH/IAEA/PACT)
- Hiring of staff (MOH/MPWB)
- Commissioning an Quality Assurance (IAEA, MPWB, clinical partners, industry)
- Training (IAEA, ICEC industry, professional societies, clinical partners)
- Clinical implementation (Professional societies, ICEC, clinical partners)
- Workflow
- Clinical protocols

# **Implementation of Radiation Therapy**

- Continued training and improvement (Industry, ICEC, clinical partners)
- Data collection to demonstrate improved outcomes (NCI, clinical partners, MOH)
- Continued advocacy and patients education (NGOs, local and international cancer societies)
- Strengthening health system for cancer care (MOH/NCCP)
- Retention of staff (MOH)
- Development of training program (MOH, IAEA, clinical and educational partners)

## Workflow of Gynecology MDT



Cervical Cancer CRT/RT Patients	Post-MDT	Pre-MDT
Average Delay from Bx to		
Treatment (days)	60.12	120
Average Delay from Clinic		
Visit to Treatment (days)	24.6	

Grover et al Journal of Global Oncology 2016

## **OPCare**

- Patient tracking system being piloted in Gyn MDT clinic
- Smartphone application based system with PHI/HIPAA compliance
- Track patients at various points in care pathway and treatment and also sends SMS reminders
- Also serves as an EMR

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### Areas we need to work on

- Technology: low cost, less reliant on resources (ICEC-CERN-STFC)
- Developing cadre of experts on the ground (IAEA)
- Close alliances with ministries of health with continued technical support for development of cancer systems
- Regional consortia to build a network of regional experts working in similar areas (AORTIC)
- Regional training/continued learning programs (Chartrounds)
- Developing a network of international partners for more sustained training and support (Pathology and Gyn Oncology in Botswana)

## **International Collaborations**

- ICEC: Boots on the ground
- NCI Center for Global Health
- IAEA
- AORTIC Special Interest Group in Radiation Oncology: platform for collaboration in Africa
- Chartrounds
- Professional societies: ASTRO, ESTRO, ASCO, ABS, ASCP
- Academic centers
- OneBCG

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- IAEA

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