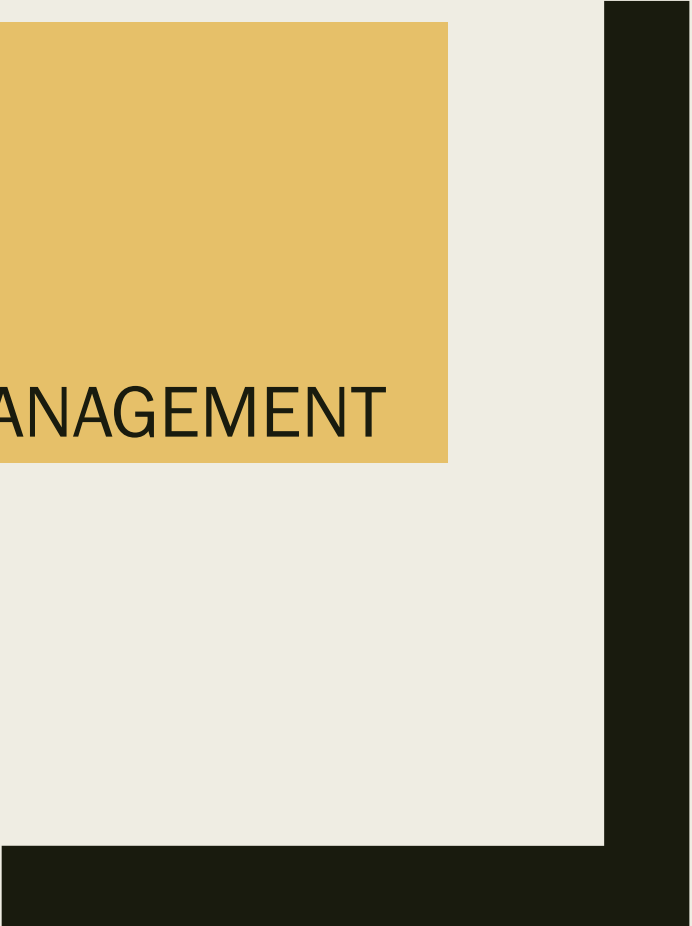




PHYSICIAN CHALLENGES IN CANCER MANAGEMENT

Dr Memory Bvochora-Nsingo
Clinical Oncologist
Gaborone Private Hospital



Introduction

- Very high cancer awareness in government and policy makers.
- Radiation treatment 100% funded

Introduction

- Radiation commenced 2001.
- Had a dual energy Linac with electrons.
- No MLCs
- Cerrobend blocks in use
- 2016 decommissioned Linac and brought in the Versa HD
- HDR brachytherapy 2012

Outline

- Patient factors
- Physician factors
- Equipment factors
- Administrative factors

Patient factors

- Advanced disease
- Distance from RT site
- Accommodation
- High HIV burden with limited protocols on AIDS RELATED MALIGNANCIES.

Physician factors

- 2 radiation oncologist
- 50 patients on Linac (Contouring time)
- 3 to 4 brachytherapy insertions
- Chemotherapy and inpatient services
- No site specialization: jack of all trades

Physician factors

- Inadequate CME
- Poor access to journals
- Lack of external peer review
- No local MDT eg Head and neck.
- Radiology and staging often inadequate (CT, PET, MRI)
- Poor support services eg palliative care, hospice, dietician

Equipment factors

- Single Linac
- Single HDR unit therefore limited to gynae.
- Transition from 2D to 3DCRT to IMRT and VMAT difficult. High volumes not helpful.

Administrative factors

- Funding: all funded
- Patients lost in system?
- Difficult cases referred