C/Can
City Cancer Challenge

# Porto Alegre, Brazil

## key cancer care gaps and priorities

FACTS & FIGURES

**213,610,541**
Brazil population

**1,372,741**
Porto Alegre population[1]

CANCER BURDEN IN BRAZIL IN 2020[2]

New cancer cases, males and females, all ages:
**592,212**

Cancer incidence rate, males and females:
**215.4**
(PER 100,000)

Cancer deaths, males and females, all ages:
**259,949**

Cancer mortality rate, males and females:
**91.2**
(PER 100,000)

Five most common cancers, males: **prostate, colorectum, lung, stomach, bladder**

Five most common cancers, females: **breast, colorectum, thyroid, cervix uteri, lung**

1 Population Stat, World Bank, United Nations Census (Accessed 12 April 2021) (https://populationstat.com/brazil/porto-alegre)
2 Global Cancer Observatory International Agency for Research on Cancer (Accessed 25 March 2021) (https://gco.iarc.fr/today/data/factsheets/populations/76-brazil-fact-sheets.pdf)

## Highlights of the main needs and challenges identified for the city of Porto Alegre:

This high level summary is based on the results of the full situational analysis report and the priorities set by the city.

Contributions to the Needs Assessment:

**168**
healthcare professionals from 33 institutions

**98**
patients

**Porto Alegre, the capital of the Brazilian state of Rio Grande do Sul and the country's fifth largest metropolitan area, joined the City Cancer Challenge (C/Can) in September of 2018. Since then, supported by C/Can's network of local, regional and global partners and experts, Porto Alegre has embarked on a process to identify, design and develop sustainable cancer care solutions that respond to local needs.**

As a first step, C/Can convened a City Executive Committee (CEC) bringing together representatives from the main public and private institutions providing cancer care in Porto Alegre, local and national government, academia and civil society to guide and oversee the C/Can process.

*One of the foundational steps in the C/Can process is a data-driven needs assessment to identify key gaps and opportunities for improving access to quality cancer care. The needs assessment is guided by a questionnaire designed to systematically collect data on the quality and capacity of cancer care services in the city. It addresses the extent to which patients are placed at the centre of care by also assessing community access and integration of care within the city.*

The City Executive Committee's first task was to convene a multi-disciplinary Technical Committee of 17 local experts from 16 institutions, with expertise in the quality, management and delivery of cancer care, to coordinate a city-wide needs assessment. Together, they identified institutions that, based on their contribution to cancer care, should participate in data collection. The Technical Committee also convened a wider network of local experts that would collaborate as part of 17 inter-institutional, topic-specific working groups (incl. nuclear medicine, pathology, radiotherapy, medical oncology, surgery among others) to collect data, and analyse and interpret the findings.

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# Availability of cancer care services

## Diagnostic laboratories (clinical and pathology labs) and blood bank

- No systematic traceability of pathology processes
- Lack of standardised pathology reports
- Low number of regular blood donors

## Medical imaging (radiology and nuclear medicine)

- Difficulty to access medical imaging results for ambulatory staging
- Diagnostic and interventional radiology underfinanced by payers
- Lack of standardised radiology reports
- No transfer of medical imaging reports between institutions
- Lack of coverage for PET for other neoplasms in the public system including pediatric

## Surgical Care

- Long waiting time between first consultation and surgery including preoperative phase
- No access to newer and less invasive technologies within the public healthcare system

## Palliative and supportive care

- Discontinuity of essential palliative treatment due to lack of access to medicines
- Difficulty to discharge patients receiving palliative care from specialised hospitals

## Medical oncology (adult and paediatric)

- No essential oncology medicines list for adults or children
- Approval of oncology medicines by the regulatory authority is not aligned with the reimbursement of the payer

## Radiotherapy

- Technology gap due to lack of financial coverage of current treatment procedures (IMRT, IGRT)

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# Management of cancer care services

## (including education and professional training)

- Inefficiency in the referral and counter-referral management system
- No data reflecting the real demand for oncology services and outcomes of cancer care
- Time lag between suspicion and diagnosis of cancer (difficulties establishing cancer diagnosis outside tertiary health hospitals)
- No formal continuing medical education programmes for medical specialists
- Lack of awareness of cancer signs and symptoms among health professionals at the primary health care level (physicians, nurses and community health workers)

# Quality of cancer care services

- No systemic use of data for planning, monitoring and evaluation of cancer care services and policies
- No systematic multidisciplinary clinical decision making and treatment planning
- Absence of resource-adapted guidelines for the management of common and curable cancer sites and corresponding treatment protocols

# Community access to cancer care services

- Inadequate social support to ensure patients are informed and can access treatment
- Existing NGOs have a narrow mandate to a limited number of tumors
- Limited access of patients with the national health system coverage to access the network of public cancer care services

# Translating needs into action

***Following the needs assessment, C/Can supports an action planning exercise that results in a City Roadmap for Cancer Care. This city-led plan guides the prioritisation and development of approximately 10 city projects, as well as identification of resource mobilisation, capacity development and technical cooperation needs.***

In Porto Alegre, 7 projects have been prioritised to address gaps including in the areas of cancer diagnosis, improving quality control and management in pathology laboratories, and implementing a multidisciplinary approach in treatment centres. In parallel, C/Can is collaborating closely with local stakeholders to strengthen local capacity, leadership and an enabling policy environment to ensure the sustainability and long-lasting impact of city projects on access to quality cancer care, and ultimately patient outcomes. Learn more about progress in Porto Alegre in the latest C/Can Activity Report.


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* Institutions that have contributed data to the needs assessment process in Porto Alegre (listed alphabetically)