



The project will contribute to the overall improvement of quality in pathology diagnosis of cancer patients and provide Kumasi with a foundation to strategically upgrade its diagnostic services to respond to patients' needs.

#### The context

Ghana's second city, Kumasi provides health services to around five million people. In 2019, with the support of the country's Ministry of Health and the Ghana Health Service, C/Can began leading a multi-stakeholder, city-wide process to identify key priorities in cancer diagnosis and treatment.

Among the main issues identified were limited laboratory services in most health facilities, lack of accreditation for facilities, and no harmonisation of standard operating procedures between laboratories, all of which contributed to delays between symptom discovery and the start of treatment.

C/Can and its partners and stakeholders decided to stage the digital transformation in several steps, first looking at addressing the simple but urgent need to standardise pathology reporting through a unified digital reporting system, before launching a feasibility assessment for a comprehensive networking exercise of the city's testing facilities.

## The objective

The project is expected to contribute to an overall improvement and harmonisation of pathology diagnosis within the city, which will translate into a faster and more accurate diagnoses. At the same time, it will make it easier to use pathology data for surveillance, while supporting the cancer registry in the city. The project will also enhance quality control in pathology diagnosis while creating a basis for pathology information exchange.

# The response

A local multidisciplinary and inter-institutional team was assembled to coordinate the implementation of a digital Standard Pathology Reporting System (SPRS) that all pathology laboratories in Kumasi can access.



#### What we did

In February 2021, in collaboration with the American Society of Clinical Pathology (ASCP) and International Collaboration on Cancer Reporting (ICCR), C/Can made a call to pitch for a solution for a low-cost, easy-to-use standard pathology reporting system.

Thanks to its collaboration with ASCP and ICCR, C/Can identified the opportunity to leverage the efforts of its international partners and support the use of internationally validated reporting templates.

ICCR produces common, internationally validated and evidence-based pathology datasets for cancer reporting for use throughout the world, through broad collaboration between pathology colleges, societies and major cancer organisations internationally.

The local technical team, in consultation with the experts from the ASCP selected six ICCR dataset templates: breast, cervix, colon, prostate, lymphoma and rectum.

Meanwhile, in December 2021, SmartReporting and C/Can signed a global collaboration agreement to deploy the company's Software as a Service free-of-charge in C/Can cities, as well as exploring digital solution needs in the areas of pathology and radiology, and mobilising the diagnostics ecosystem around access to technologies adapted to the local context. Local focal points conducted training with the technical working groups in the use of the ICCR dataset templates.

After the training, three facilities piloted the system in their pathology laboratories. The technical team visited these facilities to set up the Standard Pathology Reporting Systems.

An additional three facilities were visited by the technical team to set up the reporting systems on their facility computers. As with the pilot phase, cases were selected to demonstrate the usage of the system with support from the IT department.

### The lessons

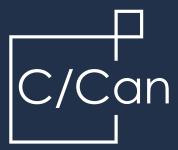
Identifying the need for Standard Pathology Reporting System with local support served as basis for seeking approval from city authorities. As with C/Can's Laboratory Development Plan, running concurrently in Kumasi, the modus operandi was to engage technical team made up of pathologists, technicians, and IT personnel of various facilities. The local team's discussion regarding the ICCR templates with international experts was also vital. Among the key issues were the limitations of the technology with regards to internet connectivity issues.

Looking forward, taking into account the transition to using a new system, usage was seen to be slow after the implementation, but is expected to pick up as people get used to the Standard Pathology Reporting System and the ICCR dataset templates thanks to a locally-led change management support over 12 months.





We would like to take this opportunity to thank all C/Can partners, especially The American Society for Clinical Pathology (ASCO), The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ), The International Collaboration on Cancer Reporting (ICCR) and SmartReporting, for their support in this initiative.



https://citycancerchallenge.org/







