Driving quality cancer care in Asia

How cities can lead the development of resource-appropriate guidelines for the management of patients with invasive cervical cancer

Executive Summary

24 September 2021
Overview

Improving the quality and standards of patient-centred cancer care is a leading ambition shared by cities across the C/Can network of cities. The path to achieving this ambition is unique to each city, in consideration of the city's existing capacities and local needs.

However, two common needs have been identified by all C/Can cities as priority drivers of quality cancer care: (1) the participation of multidisciplinary teams (MDTs) and (2) the development of resource-appropriate guidelines for priority cancers.

As part of C/Can's response to these needs, C/Can in collaboration with Asia Cancer Centres Network Alliance (ANCCA), National Cancer Center Japan and Tata Memorial Hospital, launched a three-part discussion series taking place July to September 2021, which aims to support healthcare professionals across Asia to harness these two opportunities to improve cancer care at a regional and city level.
Introduction

The third discussion held on 24 September brought together perspectives from international and local leaders with experience to share learnings on developing resource-appropriate guidelines for the management of invasive cervical cancer. This Executive Summary offers highlights of the discussions that took place.

Topics and speakers:

- **An introduction to a Guide for developing resource-appropriate cervical cancer management guidelines:** Prof. Shylasree TS, Professor & Consultant gynaecological oncologist, Tata Memorial Hospital

- **The Yangon experience of developing cervical cancer guidelines:** Prof Khin Pyone Kyi, Senior Medical Superintendent (Rtd.), Obstetrical and Gynaecological Society, Myanmar

- **The role of civil society and patients in developing cancer management guidelines:** Dr Lanka Jayasuriya-dissanayake, Chairperson, Indira Cancer Trust Foundation, Sri Lanka

- **Learning from Korea in the development of resource-appropriate guidelines:** Prof. Kim, Joo-Young, Radiation Oncologist and Senior Researcher, NCC Korea

**Moderator:**
Dr Tomohiro Matsuda, Division Chief of Epidemiology, National Cancer Center Japan

**Voices from the field:**
Prof. Soehartati Gondhowiardjo, MD, PhD, President of Indonesia Radiation Oncology Society (IROS)/Head of Comprehensive Cancer Care Center (PKaT RSCM)/Professor, Senior Radiation Oncologist at Cipto Mangunkusumo General Hospital, Faculty of Medicine Universitas Indonesia, Jakarta, Indonesia
Experiences and knowledge of a resource-appropriate guideline development among participants

The 90 minute online discussion was attended by 118 participants, representing healthcare institutions, the private sector, government organisations, and civil society.

Participants from Asia

- Brunei Darussalam
- Cambodia
- China
- Indonesia
- Japan
- Malaysia
- Myanmar
- Nepal
- Singapore
- Sri Lanka
- Uzbekistan

A large majority (80.2%) of the participants indicated that their organisation uses resource-appropriate cancer care guidelines for cervical cancer. Eight percent of participants indicated that their organisation does not use guidelines while for nearly 13%, this question was not relevant.

When asked about their level of knowledge of developing resource-appropriate cancer care guidelines for cervical cancer, nearly a third (31%) consider their knowledge as low or very low, and another 46% rated their knowledge as average.

The start of the discussions also invited participants to interact through an online poll, asking participants what they considered as the biggest barrier to developing resource-appropriate cancer care guidelines for cervical cancer.

Of the 29 participants who responded to the poll, “cost to develop,” (31%) and “lack of time” (27.6%) were considered the biggest challenges faced in developing resource-appropriate cancer care guidelines for cervical cancer.

Figure 1: Poll results: In your experience, what is the main barrier to developing resource-appropriate guidelines for patients with invasive cervical cancer in your city?
Discussion Summary:

Developing guidelines in Yangon
Prof. Shylasree TS: Many international and national guidelines (with the exception of the WHO, ESMO and NCCN guidelines) are not oriented to developing countries. Professor Shylasree highlighted that low- and middle-countries vary based on geography and policy which means that developing appropriate resources requires a holistic approach (MDT). She also pointed out that disparities are not only between countries but also within countries.

Professor Shylasree explained that treatment outcomes will depend on resource availability and how they are used. Through a collaboration between C/Can and Tata Memorial Hospital, the “Guide to developing resource-appropriate invasive cervical cancer management guidelines” was developed for C/Can cities. Some of the key takeaways include:

• The guideline development team should include participation from all the specialities, from diagnostic, treatment, palliative care and policy makers.
• It is important to categorise health facilities into (1) central and (2) peripheral services to ensure referrals are based on the availability of services

The experience in Yangon city shows that bonding with the local team was improved through face to face meetings.

Learnings from developing guidelines in Yangon
Prof. Khin Pyone Kyi presented her experiences in Yangon in developing the resource appropriate invasive cervical cancer treatment guideline.

She explained that the C/Can Situation Analysis pointed out the lack of standardised treatment guidelines and that MDT approaches were not discussed for the cancer patients in Yangon. The situation analysis led to the prioritisation of developing an MDT approach guideline for cervical cancer, one of the priority cancers in Yangon.

The local guideline development team was formed of representatives from private and public hospitals. The series of meetings led to developing the Draft 0 guideline, while a meeting with a larger group of professionals hosted discussions to develop the Draft 1 guideline, which would be presented to international experts. The final discussion of the guideline took place in an ASCO-C/Can MCMC (Multidisciplinary Cancer Management Course) meeting with experts.

It was also pointed out that multidisciplinary participation, leadership from the City Executive Committee as well as participation from the Ministry of Health is crucial to develop the guideline.

The role of civil society
In her presentation, Dr Lanka Jayasuria Dissanayake spotlighted civil society and patients’ roles in the elimination and management of cervical cancer. The Ministry of Health within a country plays a leading role, while Civil Society Organisations (CSOs) play a critical support and coordination role in reaching the WHO 90-70-90 Target: 90% vaccinated for women above 15 years old. 70% of the women screened between the ages 35-45 years old and 90% of cervical cancer patients receiving treatment.

CSOs are involved in all stages of primary, secondary and tertiary prevention of cervical cancer. As a CSO, a lot of advocacy has been done to work with the Government to follow the WHO recommendations. As a CSO, the organisation follows the WHO principle of participating in the whole cancer management pathway; especially through to end of life care such as palliative and survivorship care. The world is committed to cervical cancer elimination and CSOs play an important role in achieving this.
A multidisciplinary approach in Korea

Prof. Joo Young Kim introduced the multidisciplinary team approach at NCCKorea, an approach which allows their team to learn while considering resource availability. Due to the limited time in attending to patients, MDT care is becoming a challenge in many countries. It is encouraged that Governments allocate a budget for MDT care and provide reimbursement to the institutions for organising this approach.

Take home messages:
• No matter how small or large your working environment, you can always meet and talk.
• MDT improves patient care, and teaches physicians a lot!
• Physician communication = Better survival and Quality of Life of patients

Voices from the field

Prof. Soehartati Gondhowiardjo emphasised that the prevention and screening is crucial for managing cervical cancer, but in developing countries it is diagnosed often at a late stage. She shared some key learnings from Indonesia:
• Brachytherapy availability is key for successful treatment completion of invasive cervical cancer.
• In a resource limited setting, adapting the number of fractions according to the IAEA recommendation is needed.
• Continuous Medical Education on cervical cancer to all the doctors is crucial.
• Full support from the government is required from the development to implementation phases of the cervical cancer management guidelines, which is a challenge in Indonesia.

Questions and Answers:

In a highly engaging conclusion to the session, participants posed wide-ranging questions to the panellists which led to a dynamic discussion.

Question: What are the challenges encountered in developing the guideline?

Prof. Khin Pyone Kyi: The challenge is that the team did not know how to initiate it on their own. Meeting frequently is also a challenge for busy clinicians. But with the leadership from the City Executive Committee and the Ministry of Health, the guideline development team was able to make it happen, including drafting of the guideline and consultation with international experts. It is great that C/Can has developed the guide on “How to develop guidelines” which can be applicable to many other countries.
Question: Are MDTs for cervical cancer happening (in practice) on a regular basis in Yangon?

Prof. Khin Pyone Kyi: The guideline has been approved and her hospital has a MDT practice with different specialities for early stage patients. This not practicing is not for all new patients but selected patients.

Question: How is the access to treatment for cervical cancer patients in Sri Lanka, especially radiotherapy and oncology medicines? How does civil society contribute?

Dr Lanka

- The main hospital treating cancer in Colombo has all the facilities but not all the hospitals have radiotherapy. Chemotherapy, however, is available in all hospitals. The priority is for the government to strengthen service delivery throughout the country.
- As a CSO, we contribute through providing palliative care, support to the patient throughout their journey. The early detection and screening is also in the area of CSO support.

Question: What is the proportion of cervical cancer patients in your centre that the decision of the first treatment is taken by MDT?

Prof. Joo Young Kim: Not all patients with Cervical Cancer require an MDT approach. Most cases are treated with routine treatment according to the guidelines in NCCKorea. About 10% of cervical cancer is discussed with a MDT.

Question: How do you prioritise patients when recommendations in clinical practice guidelines are not able to be funded by the limited resources?

Question: How can we optimise the screening, early detection, providing appropriate treatment and care of cervical cancer patients during COVID and political crises in any developing country?

(Panel)

- Maintain health promotion on detecting early symptoms and continue to encourage women to come to a primary carer if they detect symptoms
- Treat the patient with the simplest method e.g use 3D radiation and low fraction of Brachytherapy to reduce the number of patient visits.

Question: As you know, cancer registry is vital for implementation of any cancer project and you have been actively involved in implementation of PBCR in Yangon, Myanmar. As things stand now (at this very moment), how will you assess the degree of success in implementing PBCR in Yangon (and, for that matter, Myanmar)?

Dr Matsuda:

- The local team is very active in Myanmar (including staff, hospital, ministry)
- It is hoped that the PBCR can expand to other cities in Myanmar
- In the near future, when the political and COVID situations are stable, I would like to come back and support the local team to continue and restart.
The full recording of the session can be viewed online here.

The Driving Quality Cancer Care in Asia series continues with two further sessions on how cities can lead the development of resource-appropriate guidelines for the management of patients with invasive breast and cervical cancers.

To find out more about C/Can in Asia, please contact C/Can's Regional Director for Asia, Dr Aung Naing Soe at aungsoe@citycancerchallenge.org

About City Cancer Challenge

City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care. C/Can leads a city-based partnership initiative that aims to improve access to quality cancer care in cities around the world by transforming the way stakeholders from the public and private sectors collectively design, plan, and implement cancer solutions.

The approach is built on the core principle that cities can drive impact at national level by crafting data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context.

C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. It was established as a standalone Swiss foundation in January 2019.

This discussion series is delivered with the support of Chugai Pharmaceutical and Icon Group.