Implementation of guidelines in LMIC

Bhawna Sirohi
Consultant - Medical Oncology

President : Oncology , RSM
Conflict of Interest

Honoraria for educational lectures
  Roche
  Eisai
  Pfizer

Research funding to Institution
  DRL
  Roche
  Novartis
Cancer burden globally

Incidence

Mortality

57% OF CANCER CASES AND 65% OF CANCER DEATHS Occur in LMICs

Courtesy: C Wild
Inequalities in cancer burden: breast cancer incidence and mortality rates by region

http://globocan.iarc.fr

Do not duplicate or distribute without permission from author and ESO

http://globocan.iarc.fr
Increasing incidence of breast cancer in LMICs

- Aging
- Change in lifestyle factors (obesity)
- Change in reproductive behaviour
- Population growth
- Declines in infection related disease
- Rising awareness

Breast Cancer: Younger age at presentation

• Average age at presentation:
  – Western countries 60-70 years
  – African countries 45 years
  – Asian countries 40-50 years

Why separate guidelines in LMIC?

- Ensure basic minimum level of care across the LMICs
- To translate evidence based medicine to clinical practice
- Maximise outcomes
- How to improve an existing system?
Mushrooming of Cancer Centres in LMIC

Regional Cancer Centres - Public Private Centres

Sirohi B, Sullivan R Lancet Oncol 2018
Cancer Care in LMIC

Figure 1: Factors that can influence the development of a cancer centre

- Outcomes matrix and governance
- Cancer burden
- Population-based cancer registry

- Geographical, topographical, and conflict considerations

- Political will, national policies, and health systems

- Competing diseases

- Treatment sourcing

- Market force

- Trained workforce
- Guidelines
- International and national collaborations
- Research

Sirohi B, Sullivan R  Lancet Oncol 2018
Breast Health Global Initiative

- **Basic level**: Core services necessary for a breast health care system

- **Limited level**: 2nd-tier services produce major improvements **survival**

- **Enhanced level**: 3rd-tier services -optional increase options and patient choice.

- **Maximal level**: Highest-level services used as in HIC that have lower priority - extreme cost and/or impracticality.
BHGI: Phased Implementation

Phase 1
• Systematic triage and diagnosis of palpable breast disease.

Phase 2
• Resource-adapted stage-appropriate treatment planning.

Phase 3
• Scaling up of targeted education interventions for public and health care staff & CBE to promote early detection of clinically detectable disease.

Phase 4
• Systematic upgrading of image-based diagnostic systems (technology & training) for management of non-palpable disease as a prerequisite to image-based (mammographic) screening.

Prerequisites
• Standardized guidelines, protocols and trained health care workforce.

Courtesy: Ben Anderson
National Cancer Grid- India

Consensus treatment guidelines

Second opinion service

Uniform high quality cancer care

Virtual Tumor Boards

Palliative care upgradation

Stage III LABC Mammogram
Single side or Bilateral
CT chest
US abdomen or CT abdomen
TC99 bone scan
Core needle biopsy

MRM+Chemo+Radiation+Hormones+Trastuzumab(desirable)

Neoadjuvant chemo MRM (?BCS + Axillary dissection) + Adjuvant chemo +
+/-trastuzumab Radiation + hormones + Trastuzumab (desirable)
(optional)

Neoadjuvant MRM (?BCS+ axillary clearance) +adjuvant chemo Chemo + RT
+ Hormones + Trastuzumab (desirable)

Note: BCS in highly selected patients
Bilateral oophorectomy is an option in premenopausal receptor +ve patient
We strongly recommend the use of objective scales, such as the **ESMO Magnitude of Clinical Benefit Scale** or the ASCO Value Framework, to evaluate the real magnitude of benefit provided by a new treatment and help prioritize funding, particularly in countries with limited resources. (LoE: Expert opinion A)

Total # of votes: 42

1. YES: 88%

Cardoso F, Ann Oncol 2018;29:1634
Challenges & Solutions to implementation

- Lack of cancer Registry and local data
- Lack of governance structure
- Inequitable distribution of cancer care
- Lack of public funds / Poverty
- Complexity of guidelines

- Thinking globally
- Simplify: General surgeons /Community oncologists
- Twinning- agenda being growth of LMIC centre and patient care and empowerment
Man is an animal with primary instincts of survival. His ingenuity has developed first and soul afterwards - progress of science is far ahead of man’s ethical behaviour & social responsibility.

When you set out to do something – always ask? What I am about to do – is it really going to help the most helpless and needy person?
Delivering care in rural India