



Review article

Collaborations in gynecologic oncology education and research in low- and middle- income countries: Current status, barriers and opportunities

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ARTICLE INFO

Keywords:

Low- and middle-income countries
Education
Research
Opportunities
Scholarships

ABSTRACT

Eighty-five percent of the incidents and deaths from cervical cancer occur in low and middle income countries. In many of these countries, this is the most common cancer in women. The survivals of the women with gynecologic cancers are hampered by the paucity of prevention, screening, treatment facilities and gynecologic oncology providers. Increasing efforts dedicated to improving education and research in these countries have been provided by international organizations. We describe here the existing educational and research programs that are offered by major international organizations, the barriers and opportunities provided by these collaborations and hope to improve the outcomes of cervical cancer through these efforts.

1. Introduction

Globally, cervical cancer affects more women than any other gynecologic malignancy. It is the fourth most common malignancy overall and, in half of the sub-Saharan countries, it is the most common cancer in women (Small Jr et al., 2017). Despite efforts to improve the care of women with cervical cancers in low- and middle-income countries (LMIC), there remain significant treatment access gaps. In order to make meaningful changes, well-organized education and training for gynecologists in LMIC is urgently needed. Examples of such initiatives include the successful implementation of a curriculum for resident education based on the Council for Resident Education in Obstetrics and Gynecology (CREOG) residents in Central America (Schmeler et al., 2013), the training of physicians by The Society of Gynecologic

Oncology of Canada to perform radical hysterectomy for women with cervical cancers through a teaching module in Kenya (Rosen et al., 2017), and a collaborative effort between the Society of Gynecologic Oncology (SGO), American Society of Clinical Oncology (ASCO) and Health Volunteers Overseas (HVO) in the development of education and surgical training in Honduras and Vietnam (Chuang et al., 2014). This paper describes the efforts focused on improving women's cancer care outcomes through education, training and research that are carried out by major organizations around the world.

2. African Organization for Research and Training in Cancer (AORTIC)

The AORTIC's (http://www.aortic-africa.org/page_02_Home.php)

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<https://doi.org/10.1016/j.gore.2018.05.005>

Received 12 March 2018; Received in revised form 5 May 2018; Accepted 7 May 2018

Available online 09 June 2018

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mission is to reduce the burden of cancer in Africa by promoting and implementing cancer control efforts through research and training in cancer, thereby eliminating pain and suffering for millions of people (Ogunbiyi et al., 2016). AORTIC's plan of action and research agenda serves to encourage, support, integrate, and facilitate evidence-based interventions and innovative projects and initiatives in all areas across the spectrum of cancer control, thus ensuring that cancer in Africa is firmly on the continent's health agenda. AORTIC achieves these goals by working with other international agencies and non-profit organizations, government agencies, health care industries and businesses to advocate for improved resources and access to care.

With these goals in mind, a wide spectrum of activities was instigated by AORTIC. These include developing and implementing National Cancer Control Programs; supporting the development of standardized training programs in all aspects of cancer care and management; facilitating and promoting research in cancer that is relevant to the African continent; providing relevant and accurate information on the prevention, early diagnosis, treatment, and palliative care to health care professionals, media and the public; creating awareness of the extent of cancer in Africa and reducing the stigma associated with the disease. Peripheral activities include support for the management and funding of training programs in oncology with member institutions and elsewhere; organization of symposia, workshops, meetings and conferences. They assist in the formation of cancer research programs that are relevant in Africa; facilitate international collaborations in cancer research; arrange or sponsor periodic lectures by distinguished scholars in oncology. They foster collaboration with existing organizations interested in neoplastic diseases and facilitate the implementation of relevant and appropriate research on cancer. AORTIC is working to establish or assist in the creation of journals and publication of monographs and oncology books for the dissemination of research work on cancer in Africa. The organization provides scholarship and grants to facilitate objectives; and offers technical advice to the World Health Organization, the African Union, and other Governments in Africa on Cancer related issues.

3. ASCO

ASCO International (<https://www.asco.org/international-programs>) was developed with a goal of improving cancer care through the dissemination of knowledge in oncology around the world (Saghir et al., 2013). With regards to LMIC, ASCO has programs focused on improving the quality of cancer care through training, guidelines and quality measurements tools, professional development and research (Hortobagyi et al., 2016). For care delivery, ASCO offers resource-stratified guidelines and trainings in multidisciplinary cancer management course, palliative care and cancer prevention and screening (Chuang et al., 2016a). International education courses including a multidisciplinary cancer management course (MCMC) promote a multidisciplinary effort in cancer management through education. A palliative care course focuses on end of life care for oncology patients, a course in cancer control in primary care provides training for clinicians and nurses in the prevention, screening and survivorships of oncology patients. Many of these trainings are done through ASCO's International Cancer Corps (ICC), created through collaboration with HVO and SGO to send volunteer members to contribute to the improvement of cancer care capacities in LMIC (Chuang et al., 2014). Programs are available in Honduras, Vietnam, Bhutan, and Nepal, with additional sites in Ghana and Uganda expected to start in 2018. and ASCO's Conquer Cancer Foundations offers research funding through International Innovational Grants, which are one-year grants of \$20,000 each to support research projects targeted at low-resource settings. In 2017, the Foundation also launched a new Young Investigator Award for Global Oncology to support novel research in cancer care in resource-limited settings. Scholarships, short (International Development and Educational Awards, IDEA award) or long term

(Long-Term International Fellowships, LTIF), are provided for early-career oncologists to attend ASCO meetings or to conduct research with mentors from North America. A Global Curriculum jointly developed by ASCO and European Society of Medical Oncology provides global education guidelines that are required for physicians to qualify as medical oncologists. An In-training examination (ITE) has been set up to help assess clinical knowledge of the trainees in medical oncology. Many of the courses and opportunities are available at no cost to oncologists practicing in LMIC.

4. Cervical cancer research network (CCRN)

CCRN was established in 2011. This initiative emerged from the state of the art symposium on cervical cancer held in Manchester in 2009 (Suneja et al., 2015). The attendees supported two trial concepts which subsequently led to two Gynecologic Cancer InterGroup (GCIG) international randomized phase III trials in locally advanced cervical cancer. The greatest disease burden is in LMIC where national research groups are yet to be established and are without representation to the GCIG. The CCRN was established as an umbrella for such groups under the overall management of the GCIG to facilitate participation in established GCIG studies.

A multidisciplinary group of international clinicians agreed to a framework for assessing and evaluating potential sites for CCRN accreditation. Radiotherapy (RT) is an essential component in the overall management of many women with this disease and therefore it was mandatory that sites should have access to it. A document for assessment of the RT capabilities was developed and collated by the Radiologic Physics Centre in Houston, Texas. It was deemed essential that all sites participate in a beam measurement program every 2 years. Potential sites are asked to complete a pre-qualifying questionnaire on the disease burden, hematology, pathology and radiology resources and technology support. This information is reviewed by the CCRN executive. Assuming the agreed criteria are met, a site visit with a comprehensive review of facilities and capabilities is arranged.

It has become clear that the barriers to participation in clinical research in LMIC are multifactorial, but not insurmountable, if appropriate monetary funds were available. In addition to the funds required for the basic clinical trial infrastructure, it is necessary to address the reimbursement for the cost of the “standard of care treatment” and the additional costs incurred by the institution in delivering the trial. This prohibits many academic studies from participating in LMIC without a per-patient reimbursement. Many LMIC do not have appropriate indemnity insurance at an institutional and individual level to satisfy many international trial sponsors. The challenge is to develop a mechanism whereby sites could receive assistance to address these issues. This would probably need to be on a competitive basis and for a defined period of time. The criteria could include a proposal to address a particular unmet research need in their geographical area.

It would be naive to assume that all the barriers can be overcome with money, and care should be taken to ensure that cultural and ethical issues are addressed. Overcoming these less visible barriers through education may be the ultimate key to the success or failure of a study. Communication between clinicians from different parts of the world facilitates an exchange of information and ideas and this underpins the annual regional symposia organized by CCRN. These symposia aim to bring together multidisciplinary teams involved in the treatment of cervical cancer in a defined geographical region. Attendees are sponsored by CCRN and actively participate in workshops and tumor boards over a 2-day period. Engagement with local community elders and women's groups is likely to be essential to disseminate the information to those less well-educated members of the community and to win their trust. Such relatively easy and affordable initiatives are essential to compliance with treatment and follow up and are central to the success of clinical trials. The challenge is to assist the local clinicians and policy makers in coming together to improve the outcome for

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