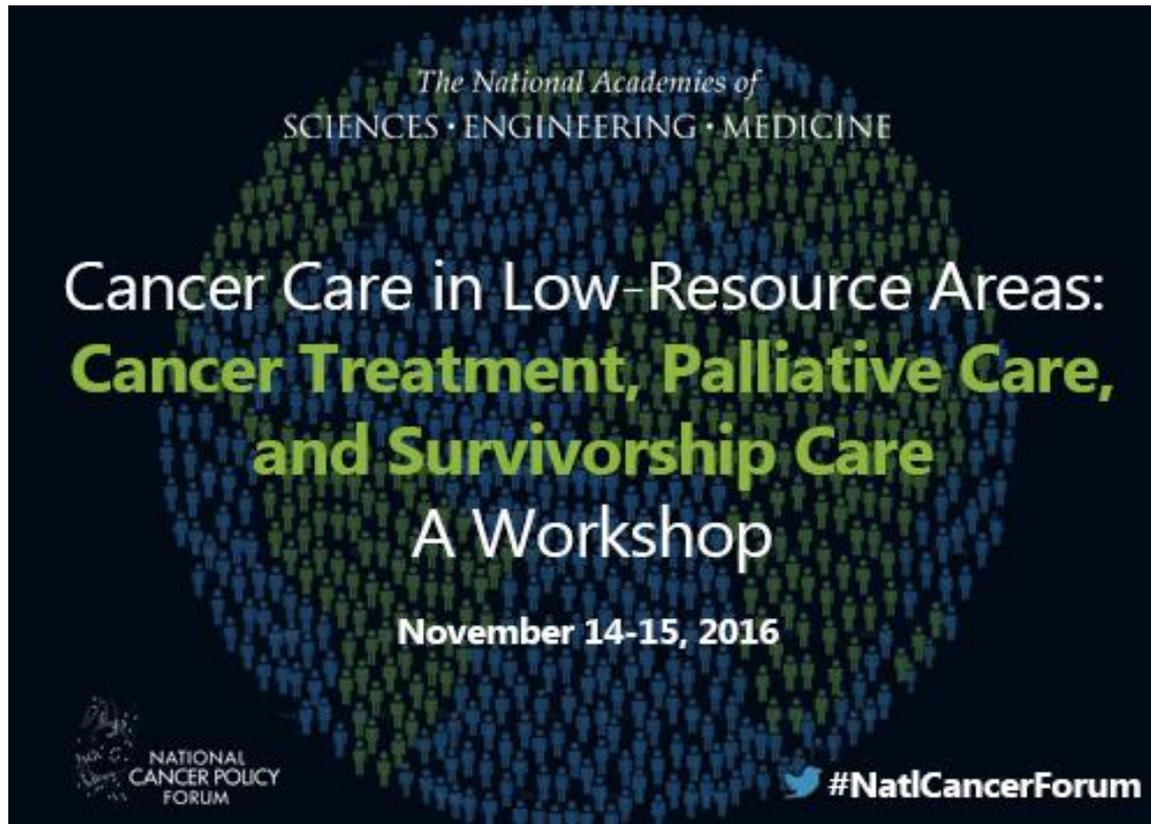


Cancer Care in Low-Resource Areas: Cancer Treatment, Palliative Care, and Survivorship Care

Workshop Wrap-up



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Defining the Problem

- Growing global burden of cancer
- Unmet medical need
- Poor access to treatment modalities, palliative care, and survivorship care
- Resource constraints
- Competing priorities
- Inadequate infrastructure, delivery systems, work force

Key Themes Discussed

Heterogeneity of:

- **Low-resource** areas (domestic & international)
- **Patients** (biologically, culturally)
- Health care system **infrastructures** and **resources**
- **Challenges** in low-resource settings
- **Solutions** (no one “right” approach)

Key Themes Discussed

- **A false dichotomy choice** between cancer **prevention** and cancer **treatment**. Both are important & interdependent.
- The U.S. has a real **opportunity to learn from international experiences**, and vice versa (e.g., efficient use of stains to diagnose hempath diseases)
- **Culture** in cancer care is poorly studied and understood, a challenge to define, and **influences patient outcomes**
- Inadequate funding & attention focused on cancer care compared to the global **burden of disease**
- Inadequate consideration of **quality of life** and **pain relief**

Improving Cancer Care

- **Treatment resources and infrastructure** are critical to advancing care (pathology lab & expertise, systems in place for cancer surgery, machines and personnel for RT, oncology drug supply, personal protective equipment)
- **Workforce issues in low-resource settings**
 - Consider the availability of clinicians and understand who can deliver which components of cancer care. Build capacity.
 - Nurses are essential and often cover broad range of care tasks delivered by many others (social workers, PT, OT, nutritionists, etc)
 - Team-based cancer care is needed to improve patient outcomes, and will include the involvement of many clinicians—primary care, pathology, oncology, nursing, and others
 - Improve the recognition and respect for professionals taking care of vulnerable patients in low-resource settings

Improving Cancer Care

Models & Strategies to Improve Cancer Care Delivery

- Patient navigation (lay navigators and professional navigators)
- Coverage incentives for nutrition & psychosocial care in cancer (role of Oncology Care Model/bundled payment?)
- Telementoring and digital pathology to provide access to specialized expertise and clinician education
- Outreach and integration with primary care

Palliative Care

- Improve integration of palliative care throughout the cancer care continuum
- Address policy and legal factors that limit appropriate access to opioid medicines to relieve cancer-related pain
- Identify opportunities to reach rural patients
- Blood supply and safety issues critical in cancer care in LMICs

Improving Cancer Care

Survivorship Care

- **Need to prepare for the growing number & diversity of cancer survivors**
- **Cancer survivors face needs with psychosocial care & interventions to support weight management, nutrition, & physical activity**
- **Use evidence-based survivorship programs; adapt & customize based on community preferences, needs**
- **Cancer survivors are interested in participating in these interventions**

Enabling Factors to Improve Cancer Care

- **Partnerships** that are mutually beneficial (e.g., patient and community oncology practice access to clinical trials; community & academic; public & private)
- **Technologies** (telementoring, diagnostics)
- **Political & social** will; **financial** support
- Identifying cancer care **champions**
- Building the **economic** case for investing in cancer care in low-resource areas
- **Prioritization** and **incremental** changes
 - Resource-stratified clinical practice guidelines
 - WHO essential medicines and priority devices
 - Promoting baseline standards for nursing care

Moving forward...

- **Sustainability is a key challenge that will need ongoing attention**
 - **Maintenance of progress**
 - **Motivation**
 - **Financial support**