

Cancer Control in Primary Care Course

April 9th –10th,

2019

Course Evaluation Report

Lima, Peru

ASCO[®] International

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Executive Summary

CCPC Peru 2019

Summary:

- Two-day workshop for primary care providers on breast and cervical cancers.
- 85 attendees, primarily midwives and nurses.
- 20 completed the post-course evaluation (24 percent of participants).

Comments:

- 12 respondents suggested the course be held or additional courses be offered; 3 respondents specifically requested online or virtual trainings.

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Outcomes – One Year Later

90% of respondents said they had made practice changes based on what they learned at the course.

90% reported referring patients suspected of having cancer to specialists.

100% reported using skills they learned at the course to help patients with their family history.

95% reported using skills they learned at the course to screen patients for breast cancer.

95% reported that their communication with patients about their risk for cancer increased since attending the course.

100% reported using skills they learned at the course to screen patients for cervical cancer.

95% reported that their patients are being screened for cancer more than before attending the course.

71% reported using skills they learned at the course to provide care to patients who are cancer survivors.

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Introduction

The American Society of Clinical Oncology is pleased to have partnered with Liga Peruana de Lucha Contra el Cancer to present the Control in Primary Care Course from April 9th – 10th in Lima, Peru.

More than 80 participants attended CCPC, which provided primary healthcare providers with practical and specific knowledge about cancer. The two-day course featured sessions on breast and cervical cancers.

Educational Objectives

As a result of attending this workshop, attendees should:

1. Better understand cancer and risk factors for cancer in their setting.
2. Be equipped to help patients with their family history.
3. Be equipped to communicate with patients about reducing their risk for cancer.
4. Better understand the resources available in Peru for cancer diagnosis and treatment.
5. Be equipped to provide care to patients receiving cancer treatment.
6. Feel more comfortable referring patients suspected of having cancer to a specialist.
7. Be equipped to detect breast cancer early.
8. Be equipped to detect cervical cancer early.
9. Be equipped to provide care to patients who are cancer survivors.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of the 85 participants who attended, 73 completed the evaluation form (response rate: 86 percent). Results of the Open-Ended Questions are in Appendix 2.

2.) Online follow-up survey

As part of the follow-up for the course, an online survey was sent to participants for whom a valid email address was available one year after the course. Twenty people responded to the survey, a response rate of 29 percent (24 percent of all course participants).

Attendee Demographics

Information about the participants' professions came from the evaluation form, which was completed by 73 people. Most respondents were nurses or midwives who work at private institutions and spend 50 percent or less of their time with cancer patients. Respondents had on average 12.5 years of work experience.

Profession	On-site n	On-site %	Follow-up n	Follow-up %
Midwife	61	84%	18	90%
General Nurse	5	7%	0	0%
General Doctor	3	4%	0	0%
General Surgeon	2	3%	0	0%
Food scientist/nutritionist	1	1%	0	0%
Surgical Oncologist	0	0%	1	5%
No Response	1	1%	1	5%
Total	73	100%	20	100%

Figure 1: Attendees demographics – by profession

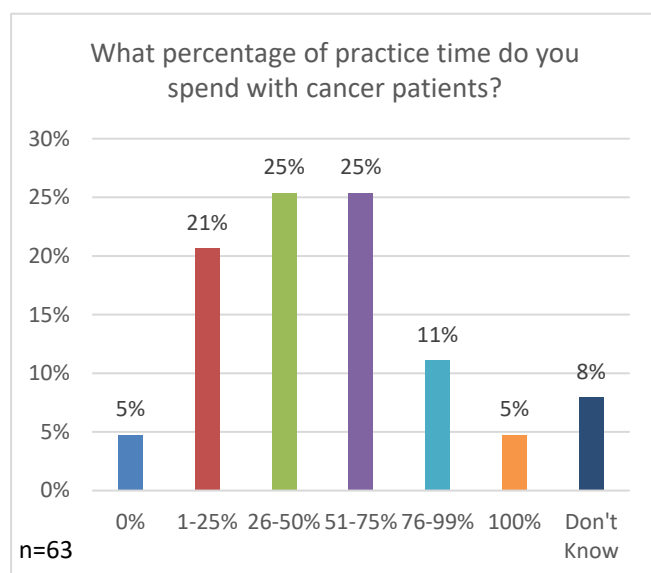


Figure 2: Majority of respondents spend 50 percent or less of their time with cancer patients

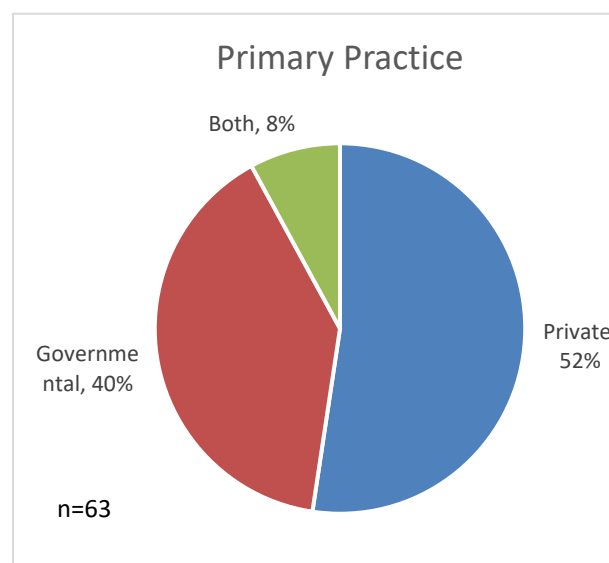
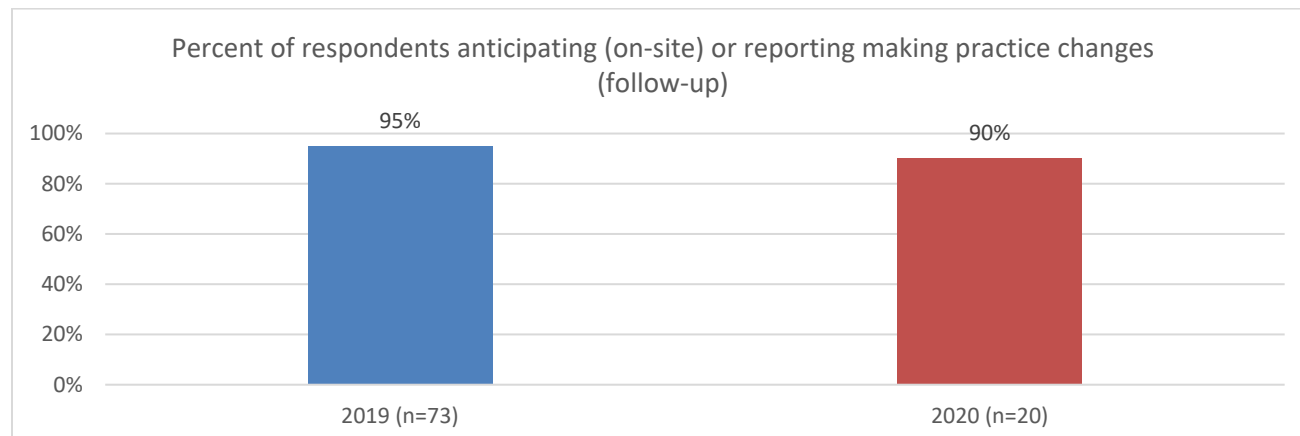


Figure 3: Majority of respondents work at private institutions

Evaluation Results: Practice Changes



On-site Results

Respondents were asked if they would make a practice change based on information learned at the course. Ninety-five percent of respondents said they planned to do something differently. The intended changes included:

- Screen patients for cancer (19)
 - VIA (11)
- Counsel patients about cancer prevention (19)
- Spread awareness (12)

One-year Impact Assessment

One year after the course, 95 percent of respondents to the impact assessment said that their communication with patients about their risk for cancer had increased and that their patients are being screened for cancer more than before. In addition, 90 percent said that they had made practice changes based on what they learned in the course; these changes included:

- Changes to patient counseling (7)
- Changes to cancer screening (6)
- Changes to taking medical history (3)
 - Patient history (3)
 - Family history

Evaluation Results: By Educational Objective

Objectives	CCPC Peru On-site	CCPC Peru Follow-up	CCPC Average Follow-up	Practice changes
1. Better understand cancer and risk factors for cancer in their setting.	96%	On-site Only		
2. Be equipped to help patients with their family history.	94%	100%	94%	1 respondent reported changes related to taking patients' family history.
3. Be equipped to communicate with patients about reducing their risk for cancer.	91%	95%	92%	7 respondents reported practice changes related to counseling patients.
4. Better understand the resources available in Peru for cancer diagnosis and treatment.	82%	On-site Only		
5. Be equipped to provide care to patients receiving cancer treatment.	94%	Not asked*	96%	
6. Feel more comfortable referring patients suspected of having cancer to a specialist.	94%	90%	76%	
7. Be equipped to detect breast cancer early.	87%	95%	92%	6 respondents reported practice changes related to screening patients for cancer.
8. Be equipped to detect cervical cancer early.	81%	100%	85%	
9. Be equipped to provide care to patients who are cancer survivors.	100%	71%	N/A	

*Providing care to patients receiving cancer treatment was erroneously omitted from the impact assessment.

Summary & Conclusions

Twenty people responded to the impact assessment, representing 24 percent of course participants. While the results of the impact assessment are generally positive, they are limited by the low response rate; it is possible that participants who had an overall positive experience and outcomes since the course were more likely to respond to the survey, leading to biased results. Overall, 90 percent of respondents reported making practice changes based on what they learned in the course.

The results of the impact assessment suggest that the course was successful, with a majority of respondents reporting using skills related to each of the educational objectives. The objectives of screening for patients for cancer, communication with patients about reducing their risk for cancer, and taking a family history appear to have been particularly successful. Ninety-five percent or more of respondents reported using skills they learned to screen for breast and cervical cancers and taking family histories, as well as increased communication with patients about cancer risk and screening for cancer. In addition, 6 respondents reported practice changes related to screening patients for cancer, and 7 reported changes related to counseling patients about cancer.

Appendix 1: Impact Assessment Results

In the past year, have you used skills that you learned at CCPC Peru to:	Yes		No		Total
Take patients' family history.	100%	20	0%	0	20
Screen patients for breast cancer.	95%	18	5%	1	19
Screen patients for cervical cancer.	100%	19	0%	0	19
Provide care to patients who are cancer survivors.	71%	10	29%	4	14

Since attending CCPC Peru, my communication with patients about their risk for cancer has:	Responses	
Increased	95%	19
Decreased	5%	1
Stayed the same	0%	0

Since attending CCPC Peru, my patients are being screened for cancer:	Responses	
More than before	95%	19
Less than before	0%	0
Same as before	5%	1

Have you made changes to your work as a result of what you learned at CCPC Peru?	Responses	
Yes	90%	18
No	10%	2

What changes have you made to your work based on what you learned at CCPC Peru?
<ul style="list-style-type: none"> • Changes to patient counseling (7) • Changes to cancer screening (6) • Changes to taking medical history (3) <ul style="list-style-type: none"> ○ Patient history (3) ○ Family history • Improved follow-up cards for patients at risk. Better planning of services for patients by age group. • Better use of flipcharts I have • The clinical examination in mothers is performed both in the dorsal decubitus position and the patient is seated. Explain by image to the patients, that is, use an image of the cervix, pap smear. Some patients are afraid of taking pap. • Implementation of a Basic Program for the Prevention of Cervical and Breast Cancer • The number of campaigns that were carried out was increased. Some training projects yielded data to support the problem of cancer. • Strategy for economic and technical accessibility to improve quality and affordability of care for the majority of the population. Monitoring of suspected cases. Continuous training in prevention and timely diagnosis. • Monthly informative newsletter to promote health. Educational campaigns to sensitize the population. Cervical and breast cancer prevention screening campaigns.

What has prevented you from making practice changes?	Responses
I did not learn new information at CCPC Peru	1
The materials presented at CCPC Peru were not relevant to my work	0
I have not had an opportunity to apply what I learned	0
There were barriers at my institution that did not allow me to make practice changes	1
Other (please specify)	0

In the past year, have you referred patients to specialists for diagnosis of suspected cancers?	Responses	
Yes	95%	18
No	5%	1

Why have you not referred patients to specialists for diagnosis of suspected cancers?	Responses
There are no specialists available.	1
I do not know how to refer patients for diagnosis.	0
Other (please specify):	0

What is your profession?	Responses	
Midwife	90%	18
General Nurse	0%	0
General Doctor	0%	0
General Surgeon	0%	0
Surgical Oncologist	5%	1
No response	5%	1

Is there anything else that should have been included in the CCPC Peru materials to help you better provide care for your patients?

- Share the slides/materials (2)
- Provide flip charts (2)
- Audiovisuals
- It was good
- Practice, procedure in different cases (clinical cases).
- Use of technology in distance training for better access to the latest advances in prevention, timely diagnosis and referral of cases to specialty. type newsletters live broadcasts or YouTube channels.
- the material was enough
- It is complementary to what the League Against Cancer gives us.
- I think that to perform a good cervical exam sometimes we need other tools that we lack in our environment, for example evaluating the endocervix. For example, deepen knowledge about what procedure to make or what material to use. I think there are forceps that help open the OCE to visualize the endocervix.
- Only to reinforce the themes of health promotion and primary prevention from different perspectives. This will depend on the methodology of each exhibitor so that the exhibition is not tedious or "repetitive". For example, the focus of the nutritionist talk explained things that professionals already know, however not everyone knows how to apply it.
- Train Tutors or other accredited in the prevention of cervical and breast cancer in Peru
- Vaccines
- The topics were suitable, however we would have liked to hear about successful experiences for interventions
- Direct contact with hospitals that refer cancer patients to ensure that this is being done in the most efficient way possible

Please share any other comments or suggestions below.

- Hold the course again/Hold more courses (12)
 - Online/virtual trainings (3)
- Form networks with obstetricians from the state and private sectors to have online technical support periodically.
- New diagnostic strategies for the vulnerable population and remote areas, for example, taking radiographic or ultrasonographic images when there is no radiologist, trained personnel sample and send the images through the Internet for a specialist to read. This could be done in remote areas with VIA colposcopy mammograms, etc., and would allow improved quality and equal access in more remote and inaccessible areas. Implement membership groups for ongoing training and newsletters. That the group training be annual and with economic facilities for professionals who have the desire to improve their services and travel from the provinces to the capital for training.
- I liked the exposition of almost everyone, more from the doctor from Mexico and from the oldest, about being more conservative with the use of certain diagnostic methods. I regret not remembering the names of the doctors. But overall everything seemed excellent to me.
- Make available the use of some important tools to care givers in order to facilitate their acquisition through the sale as support material. Standardized protocols. Equipment and materials that are easy to use (clamp to evaluate Endocervix). Form a club or association or group identifying professionals active in the prevention of cancer of women so that we have frequent access to communication and continuous training. Promote online courses.
- Continue to empower health professionals' awareness in primary care, health promotion and primary prevention. Most are based only on secondary prevention leaving aside the rest. Teach strategies for the execution of the respective activities, another topic that professionals do not know how to perform.
- More dissemination to standardize criteria with family doctors, gynecologists and obstetricians
- Genetic counselors in the prevention of breast cancer and cervix. Affiliation of professional associates to continue training.
- Provide summary informational material or material used in the training activity.
- To influence above all in the prevention of cancer because that is where we can reduce cases or detect them at early stages.
- I found the course very interesting, there are always points to deal with on this subject in which the incidence of cases increases every time.

Appendix 2: Course Agenda

Día 1		
HORA	TEMA	PONENTE
8:00 - 8:30	Inscripciones	
8:30 - 8:45	Palabras de bienvenida e inauguracion	Dr. Raúl Velarde Galdós Director Médico Liga Contra el Cáncer
8:45 - 9:00	Introducción	Dr. José Jerónimo Guibovich Director del Centro de Excelencia Liga Contra el Cáncer
9:00 - 9:30	Descripción general del cáncer	Dr. Lucía Delgado Especialista en Oncología Médica de la facultad de Medicina de Udelar-Uruguay
	<ul style="list-style-type: none">Descripción Biología del Cáncer	
	<ul style="list-style-type: none">Causas del Cáncer	
9:30 - 10:00	Cáncer en el país o región	Dr. Gustavo Sarria Bardales Sub Director del Instituto Nacional de Enfermedades Neoplásicas
	<ul style="list-style-type: none">estadísticas del cáncer	
	<ul style="list-style-type: none">recursos disponibles cáncer	
	<ul style="list-style-type: none">plan nacional de control del cáncer (si es aplicable)	
10:00 - 10:30	Los esfuerzos de control del cáncer en Uruguay	Dr. Lucía Delgado Especialista en Oncología Médica de la facultad de Medicina de Udelar-Uruguay
10:30 - 10:45	COFEE BREAK	
10:45 - 11:15	Experiencias Exitosas en el Perú en Prevención de Cáncer	Lic. T. S. Damary Milla Saavedra Gerente General Liga Contra el Cáncer
	Impacto para la toma de decisiones	
	Evaluaciones para lograr resultados	
	Sistematización de resultados	
11:15 - 11:45	Prevención de Cáncer	Dr. Javier Enrique Manrique Hinojosa Director de Promoción de la Salud, Prevencion y Control del Cáncer del INEN
	Factores basados en el comportamiento de riesgo (tabaco, ejercicio, alcohol) y cáncer en detalle	
11:45 - 12:15	Política Local y Estrategias De prevención y promoción del cáncer	Lic. Yesenia Juarez Valvin
	Costos y Eficiencia	
12:15 - 14:30	Almuerzo	
14:30 - 15:00	Papel del médico de atención primaria en los esfuerzos de control del cáncer	Dr. Uriol Fajardo Marco Antonio Liga Contra el Cáncer
15:00 - 15:30	Como hablar sobre el comportamiento y el cáncer con su paciente.	Ps. Joel Inga Arellano Psicooncólogo - Psicoterapeuta. Consultor en Medical Coaching
15:30 - 16:00	Nutrición y cáncer	Lic. Andres Anampa Monzon Liga Contra el Cáncer

16:00 - 16:15	COFEE BREAK	
16:15 - 17:00	Como Abordar la pérdida de su paciente en oncología.	Ps. Joel Inga Arellano Psicooncólogo - Psicoterapeuta. Consultor en Medical Coaching
17:00 - 17:45	Prevención del Cáncer:	Dr. Veronica Petrozzi Pediatra
	<ul style="list-style-type: none">cánceres relacionados con infecciones	
	<ul style="list-style-type: none">vacunas contra el VPH y la hepatitis	
17:45 - 18:30	Genética del Cáncer y de historia familiar	Dra. Eva Maria Gómez Garcia Especialista en cáncer cervical - Mexico
	<ul style="list-style-type: none">Papel de la genética en el cáncer	
	<ul style="list-style-type: none">Ayudar a los pacientes con su historia familiar	
18:30 - 18:45	Resumen del Dia	

Día 2

HORA	TEMA	PONENTE
8:00 - 8:30	Registro de participantes	
8:30 - 9:00	Los primeros signos de advertencia del cáncer	Dra. Eva Maria Gómez Garcia Especialista en cáncer cervical - Mexico
	Los síntomas y signos asociados con el cáncer	
	Enfoques para la detección temprana, incluyendo cáncer de pulmón detección precoz / cribado	
9:00 - 9:30	La detección temprana del cáncer: de mama	Dra. Lucía Delgado Pebe Profesora de la Cátedra de Oncología Médica de la Facultad de Medicina de la Universidad de la República
	· Visión general de Cáncer de Mama	
	· Evaluación del riesgo de cáncer	
	· El autoexamen del seno	
	Examen Clínico de Mamas	
	· Ultrasonido / sonograma	
	· El papel de la mamografía	
9:30 - 10:00	Cancer de piel	Dr. Loayza Fernandez Baca Christian Daniel Especialista en Cabeza y Cuello Liga Contra el Cáncer
10:00 - 10:30	La formación en IVAA	Dra. Magaly Malca Tocas Ginecologa Oncologa Liga Contra el Cáncer
10:30- 10:45	COFEE BREAK	
11:00 - 11:30	Tratamiento de NIC	Dr. Gilmar Grisson Barron Especialista en Oncología Ginecológica Liga Contra el Cáncer

11:30 - 12:00	Diagnostico de Cáncer de Prostata	Dr. José Medina Holguin Urólogo Liga Contra el Cáncer
12:00 - 12:30	Cáncer de mama: aspectos radiológicos	Dra. Jackeline Limas Cline Radióloga Liga Contra el Cáncer
12:30 - 14:30	ALMUERZO	
14:30 - 15:00	La detección temprana del cáncer: Cervical	Dr. José Jerónimo Guibovich Especialista en Oncología Ginecológica USA - Perú
	· Visión general de Cáncer de Cuello uterino	
	· IVAA, Papanicolaou, la prueba del VPH	
	· “Ver y tratar” de las lesiones precancerosas	
15:00 - 15:30	Prevencion del Cancer de estómago	Dr. Italo Landeo Gastroenterólogo Liga Contra el Cáncer
15:30 - 16:00	Prevencion del Cancer de colon	Dr. Carlos Pérez Ramos Cirujano de Abdomen Liga Contra el Cáncer
16:00 - 16:15	COFEE BREAK	
16:15 - 16:45	La formación en el examen clínico de mamas	Dr. Raúl Velarde Galdós Mastólogo Liga Contra el Cáncer
16:45 - 17:15	Redes de referencia en el país	Dra. Tatiana Vidaurre Rojas Instituto Nacional de Enfermedades Neoplasicas
17:15 - 17:45	Después del tratamiento: Supervivencia y el médico de atención primaria	Dr. Uriol Fajardo Marco Antonio Liga Contra el Cáncer
17:45 - 18:10	Próximos pasos y de intercambio de ideas	Dr. José Jerónimo Guibovich Director del Centro de Excelencia Liga Contra el Cáncer
18:10 - 18:20	Palabras de Agradecimiento en nombre de la Liga	Dr. Raúl Velarde Galdós Director Médico Liga Contra el Cáncer
18:20 - 18:30	Clausura	Representante de ASCO