

Multidisciplinary Cancer Management Course

November 1st – 3rd

2018

Course Evaluation Report

Kathmandu, Nepal



ASCO® International

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Executive Summary

MCMC Nepal 2018

Summary:

- Three-day workshop on multidisciplinary care of cervical cancer.
- 148 attendees, primarily gynecologists.
- 74 completed the post-course evaluation (response rate: 50 percent).

Comments:

- Overall, the results of the on-site evaluation are positive, but generalizability is limited by the low response rate.
- All respondents to the question indicated that they intended to make practice changes based on what they learned at the course.



MCMC Outcomes

100% of respondents said they planned to make practice changes based on what they learned at the course.

90% reported an increase in their ability to manage cervical cancer or precursor lesions.

94% reported an increase in their understanding of how multidisciplinary teams work together to provide quality care.

86% reported an increase in their willingness to consult with specialists to determine best treatment approaches for their patients.

90% reported an increase in their ability to provide palliative care for their patients.

88% reported an increase in their ability to provide services to screen for cervical cancer.

87% reported an increase in their understanding of vaccines and vaccination programs.

96% reported an increase in their understanding of ASCO Resource-Stratified Guidelines.

96% reported an increase in their ability to implement ASCO Resource-Stratified Guidelines.

The long-term impact of this course in terms of participants' practice changes will be assessed with a follow-up survey six months after the course.





MCMC Faculty presenting Mr. Gagan Thapa, Former Minister of Health, with a letter from participants advocating for HPV vaccination in Nepal

Introduction

The American Society of Clinical Oncology is pleased to have partnered with Bhaktapur Cancer Hospital and Nepal Cancer Relief Society to present a three-day Multidisciplinary Cancer Management Course from November 1st – 3rd in Kathmandu, Nepal. The program was partially supported through the contributions of Health Volunteers Overseas (HVO), the Conquer Cancer Mission Endowment and an unrestricted grant from Celgene.

More than 140 gynecologists, students and healthcare professionals from Nepal attended the MCMC. The three-day course featured case-based presentations and interactive sessions on different clinical scenarios related to cervical cancer.

Learning Objectives

As a result of attending this workshop, attendees should be better equipped to:

1. Manage cervical cancer or precursor lesions using up-to-date practices.
2. Understand multidisciplinary cancer management.
3. Consult with specialists to determine best treatment approaches for their patients.
4. Provide palliative care services for patients.
5. Provide services to screen for cervical cancer.
6. Understand vaccines and vaccination programs.
7. Understand ASCO's Resource-Stratified Guidelines.
8. Implement ASCO's Resource-Stratified Guidelines.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of 148 participants who attended, 74 completed an evaluation form, a response rate of 50 percent.

2.) Online follow-up survey

As part of the follow-up for the course, an online survey will be sent to participants six months after the conclusion of the course.

Attendee Demographics

Information about the participants' demographic data was collected through the evaluation form, completed by 74 participants. The majority of respondents were gynecologists; just over one-third of respondents said they practice at a governmental institution. On average, respondents had 6.9 years of experience in their current profession. The majority said that they do not participate in tumor boards and spend 25 percent or less of their practice time with cancer patients. Approximately half of respondents said that less than 25 percent of cases at their institution are evaluated by a multidisciplinary tumor board. Full results in [Appendix 2](#). In addition, 36 percent of respondents to the pre-test said that they had implemented or were in the process of implementing one or more of ASCO's Resource-Stratified Guidelines.

Figure 1: Attendees

Profession	# Respondents to Evaluation	% Respondents
	n	%
Gynecologist	42	57%
Student	9	12%
Medical Officer	5	7%
Radiation oncologist	4	5%
Gynecologic oncologist	3	4%
Other	9	12%
No Response	2	3%
Total	74	100%

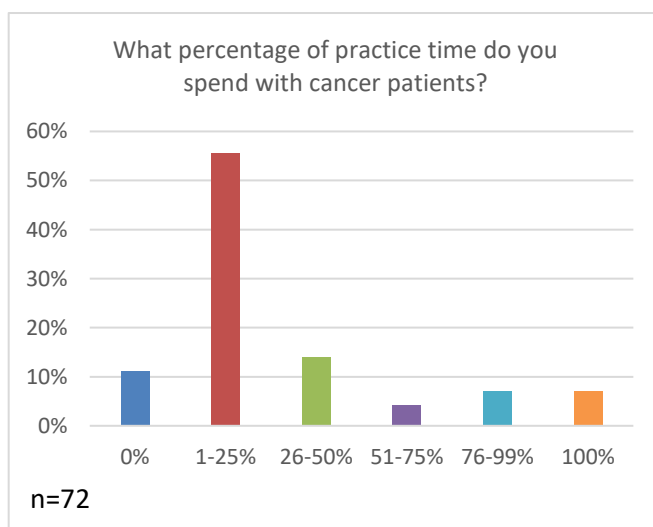


Figure 2: Majority of respondents spend 25 percent or less of their time working with cancer patients

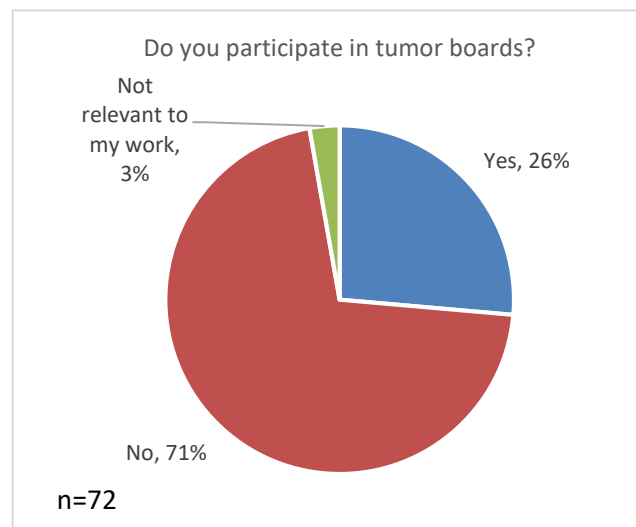


Figure 3: Majority of respondents do not participate in tumor boards

Evaluation Results: Overall Intention to Change Practices

Respondents were asked if they would make a practice change based on information learned at the course. All respondents said they planned to do something differently; this is higher than the average for MCMCs (82 percent). These changes include:

- Changes to screening (25)
 - HPV DNA testing (11)
 - Screen patients for cervical cancer (5)
 - Other (9)
- Changes to management or treatment (15)
 - Treat based on guidelines (5)
 - Manage according to staging (5)
 - Other (5)
- HPV Vaccination (12)
 - Promote HPV vaccination (7)
 - Provide HPV vaccination (5)
- Multidisciplinary approach to management of cervical cancer (6)
- Focus on preventive care (5)

When asked if they anticipated any barriers to making intended practice changes, 79 percent of respondents said yes.

Respondents listed potential barriers such as:

- Lack of resources (49)
- Lack of time (9)
- Lack of support from administration (7)
- Lack of staff (7)

The number of respondents anticipating barriers to implementing practice changes at MCMC Nepal is higher than the average for all MCMC participants, which is 56 percent.

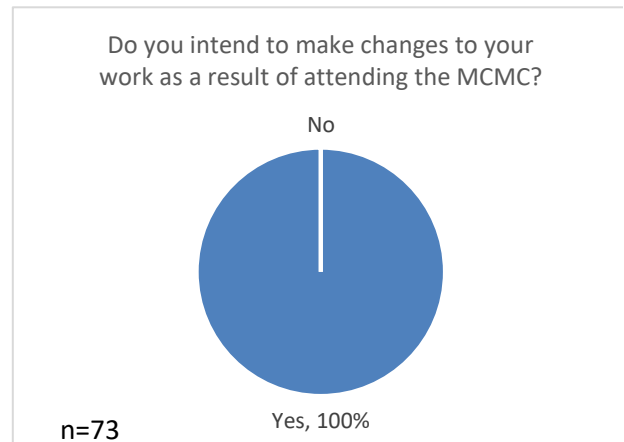


Figure 4: Respondents Plan to Make Practice Changes

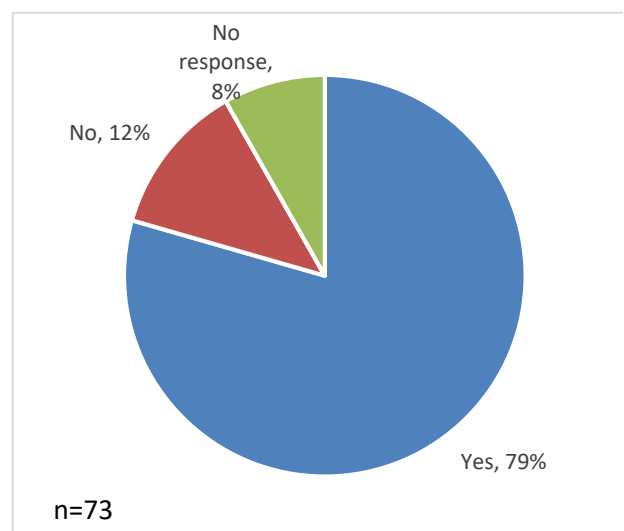


Figure 5: Respondents Anticipate Obstacles to Intended Practice Changes

Evaluation Results: By Learning Objective

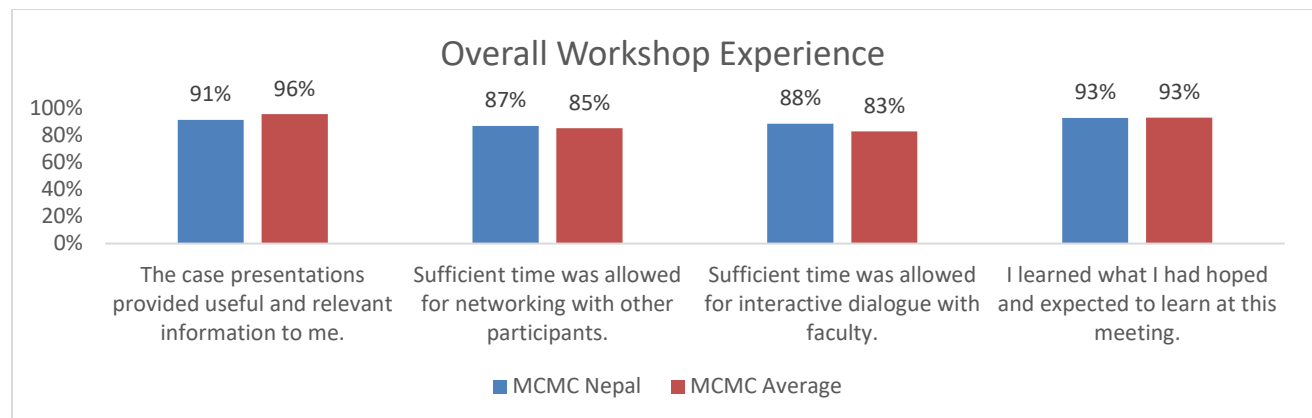
Objectives	Percent of respondents reporting an increase – MCMC Nepal	Percent of respondents reporting an increase – MCMC Average	Mean Change (Nepal)	Average percent of respondents selecting correct answer by category on Pre-Test	Average percent of respondents selecting correct answer by category on Post-Test	Intended practice changes
1. Manage cervical cancer or precursor lesions using up-to-date practices.	90%*	87%	1.30*	42%*^	54%*^	15 respondents reported practice changes related to management or treatment of patients with cervical cancer.
2. Understand multidisciplinary cancer management.	94%	94%	1.38	N/A	N/A	
3. Consult with specialists to determine best treatment approaches for their patients.	86%	89%	1.25	N/A	N/A	6 respondents reported intended changes related to multidisciplinary management of patients with cervical cancer.
4. Provide palliative care to patients.	90%	88%	1.29	N/A	N/A	1 respondent reported an intended practice change related to palliative care.
5. Provide services to screen for cervical cancer.	88%	N/A	1.37	27%	38%	25 respondents reported intended practice changes related to screening for cervical cancer.
6. Understand vaccines and vaccination programs.	87%	N/A	1.59	33%	52%	12 respondents reported intended practice changes related to HPV vaccination.
7. Understand ASCO's Resource-Stratified Guidelines.	96%*	N/A	1.77*	N/A	N/A	
8. Implement ASCO's Resource-Stratified Guidelines.	96%	N/A	1.61	N/A	N/A	2 respondents reported intent to follow or implement ASCO's guidelines.

*Average of two or more items

^Precursor lesions pre-test/post-test correct responses were 7% and 17%, respectively; invasive cervical cancer correct responses were 65% at pre-test and 78% at post-test.

Evaluation Results: Overall Workshop Experience

Attendees were asked to rate a variety of statements related to their workshop experience. The majority agreed or strongly agreed with each of the statements. In general, the results were similar to the average for all MCMCs as shown in the chart below.



Evaluation Results: By Session

Attendees were asked which sessions or speakers were above their expectations and which were below their expectations. The results are as follows:

<u>Above Expectations</u>	<u>Below Expectations</u>
<ul style="list-style-type: none"> • Berek (15) • Chuang (13) • All (12) • Wolf (8) • Jitendra (4) • Soti (4) • Ortiz (3) • Sarita (3) • Asima (2) • Eliza • Li Xiao Mao • debate - pros and cons of VIA/HPV DN testing applicability in Nepal. • Cervical cancer epidemiology • Dipesh • ASCO RSGs • Management of early stage cervical cancer. • Mitra • None • Pandit • Rajkarnikar • Sarita Ghimire • Singh • Jah 	<ul style="list-style-type: none"> • None (6) • Li Xiao Mao (4) • Asima Mukhopidhay • Palliative care • Shah • Ujjwal • Singh

Opportunities to Improve

Respondents were asked if anything remained unclear after the course. Sixty-seven percent of respondents to this question (30/45) said that nothing was unclear after the course. Three respondents each said that FIGO staging remained unclear, and that management of certain stages of cervical cancer (IB, IB2, and inoperable) remained unclear after the course. In addition, two respondents said that follow-up protocol was unclear after the course. The remaining comments were endorsed by only one respondent each and are listed in Appendix 2.

Respondents were also asked if there were any topics that were covered about which they would like to know more. Fifty respondents answered the question, eight of whom said the topics covered were well covered. Of the remaining responses, the following were endorsed by more than one respondent:

- HPV vaccination (6)
- Management of advanced cervical cancer (4)
- LEEP (4)
- HPV DNA test (4)
- Colposcopy (4)
- Radiotherapy (3)
- Management of recurrent disease after treatment (3)
- Chemotherapy (3)
- Screening using VIA (2)
- Preventive measures (2)
- Palliative care (2)

Finally, respondents were asked for comments or suggestions for future meetings. Ten respondents said that they would like more frequent meetings. In addition, five said that they would like more interactive sessions, and three said that the quality of slide formats should be improved. Additional comments are included in Appendix 2.

Summary & Conclusions

The course appears to have been successful in meeting its behavioral objective, with all respondents to the question indicating that they intended to make practice changes based on what they learned in the course. The most commonly reported intended changes were related to screening for cervical cancer (25), with 11 respondents specifying HPV DNA testing. Other frequently reported intended changes were changes to treatment or management of cervical cancer (15), and changes regarding HPV vaccination (12).

In addition, 87 percent or more of respondents reported an increase on each of these objectives, and these results are similar to the average for all MCMCs where comparison data is available. Management of cervical cancer, vaccination, and screening also had knowledge-based pre- and post-test questions administered via Audience Response System. While the percentage of respondents selecting the correct answer for questions in these categories were lower than expected at post-test, they were 11 to 19 percentage points higher than the results at pre-test.

The course also appears to have been successful in meeting the other educational objectives, with 86 to 96 percent of respondents reporting an increase in their understanding or ability at the end of the course. However, these objectives were not covered in pre- and post-test, and few respondents reported practice changes in these categories.

Overall, the results of the evaluation are generally positive. However, they are limited by the low response rate, with just half of attendees submitting an evaluation form. It is possible that participants who had an overall positive experience at the course were more likely to submit an evaluation form, leading to biased results. In future courses, a greater emphasis on collection of evaluation forms should be made. In addition, respondents' suggestions regarding more interactive sessions and standardized slides are possible areas for improvement for future courses.

86 to 96 percent of respondents reported an increase in their understanding or ability at the end of the course



Appendix 1: On-Site Evaluation Results

Overall Meeting	n	Strongly Disagree	Disagree	Agree	Strongly Agree
The case presentations provided useful and relevant information to me.	69	6%	3%	49%	42%
Sufficient time was allowed for networking with other participants.	68	6%	7%	62%	25%
Sufficient time was allowed for interactive dialogue with faculty.	69	4%	7%	54%	35%
I learned what I had hoped and expected to learn at this meeting.	68	3%	4%	43%	50%

Educational Objectives	n	Increased	No Change	Decreased
My understanding of how multidisciplinary teams work together to provide quality care.	69	94%	6%	0%
My willingness to consult with specialists to determine best treatment approaches for my patients.	71	86%	14%	0%
My ability to provide palliative care for my patients.	69	90%	10%	0%
My ability to provide services to screen for cervical cancer.	68	88%	12%	0%
My understanding of vaccines and vaccination programs.	71	87%	13%	0%
My ability to provide cervical cancer services to patients with precursor lesions.	71	89%	11%	0%
My ability to provide care to patients with invasive cervical cancer.	68	91%	9%	0%
My understanding of the ASCO Resource-Stratified Guidelines for cervical cancer.	71	94%	6%	0%
My understanding of the ASCO Resource-Stratified Guideline for palliative care.	71	97%	3%	0%
My ability to implement the ASCO Resource-Stratified Guidelines for cervical cancer and palliative care.	71	96%	4%	0%

Educational Objectives	Before the Course						After the Course					
	N	Poor	Fair	Good	Very Good	Excellent	N	Poor	Fair	Good	Very Good	Excellent
My understanding of how multidisciplinary teams work together to provide quality care.	73	11%	51%	23%	11%	4%	69	0%	0%	39%	41%	20%
My willingness to consult with specialists to determine best treatment approaches for my patients.	74	4%	28%	49%	16%	3%	71	0%	0%	21%	48%	31%
My ability to provide palliative care for my patients.	73	21%	42%	32%	5%	0%	69	0%	9%	42%	38%	12%
My ability to provide services to screen for cervical cancer.	71	7%	49%	37%	3%	4%	69	0%	6%	22%	55%	17%
My understanding of vaccines and vaccination programs.	73	12%	53%	25%	7%	3%	72	0%	4%	21%	51%	24%
My ability to provide cervical cancer services to patients with precursor lesions.	74	18%	53%	27%	0%	3%	71	1%	11%	39%	37%	11%
My ability to provide care to patients with invasive cervical cancer.	70	26%	44%	29%	0%	1%	69	1%	12%	43%	35%	9%
My understanding of the ASCO Resource-Stratified Guidelines for cervical cancer.	73	37%	49%	14%	0%	0%	71	0%	4%	41%	45%	10%
My understanding of the ASCO Resource-Stratified Guideline for palliative care.	73	44%	49%	5%	1%	0%	71	0%	10%	54%	30%	7%
My ability to implement the ASCO Resource-Stratified Guidelines for cervical cancer and palliative care.	73	38%	52%	10%	0%	0%	71	0%	13%	48%	35%	4%

Appendix 2: On-Site Open-Ended Questions and Responses

1. What was the most important thing you learned at the course? (n=73)*

- Diagnosis and management of cervical cancer (26)
- Cervical cancer screening (12)
- FIGO staging (11)
- Prevention of cervical cancer (8)
- ASCO guidelines (3)
- Global aspects of cervical cancer management (3)
- Palliative care (3)
- Multidisciplinary approach to treating cervical cancer (2)
- Application of basic knowledge (2)
- cancer data update, HPV information
- Cervical cancer situation in Nepal
- Chemotherapy and radiotherapy
- Clinical care presented
- Clinical case presentation and discussion, active participation
- Management guidelines used in national and international level
- New guidelines 2018
- Recent updates of cancer treatment
- The need to advocate all stakeholders for primary prevention

*Some respondents wrote more than one answer

3. Based on your participation, is there anything you will do differently in your work? (n=73)*

- Changes to screening (25)
 - HPV DNA testing (11)
 - Screen patients for cervical cancer (5)
 - Other (9)
- Changes to management or treatment (15)
 - Treat based on guidelines (5)
 - Manage according to staging (5)
 - Other (5)
- HPV Vaccination (12)
 - Promote HPV vaccination (7)
 - Provide HPV vaccination (5)
- Multidisciplinary approach to management of cervical cancer (6)
- Focus on preventive care (5)
- Approach to patient (3)
- Implementation on the patient (3)
- Implementation of ASCO guidelines
- All of the cancer related working organization joint and develop integrated plan, policy of registration section
- Being a medical student, I will focus on more studies regarding cervical cancer as it is one of the most common malignancies in women
- Being a nurse, I would tell my patient about current practices, share information with colleagues and act as an advocate for patients for bridging with physicians

- Education about screening of cervical cancer to community women population
 - I am influenced to work for a cancer patient and want to help society and nation to eliminate cancer by its root. And also I want to be a member of ASCO and follow its guidelines
 - I hope to develop cheaper and accessible techniques for developing tools for genotyping of HPV
 - I will refer VIA positive patient to Bhaktapur Cancer Hospital for further treatment. As we use to refer to BPKIHS where radiation oncology was not available. Encourage (30 to 60 year old) women for VIA screening
 - New approach
 - Palliative care in cervical cancer
 - Practice evidence-based practice
 - To make more patient related care
 - We can change our lifestyle to limit cervical cancer in Nepal
- *Some respondents wrote more than one answer

4. Is there anything that would limit you from making practice changes? (n=58)*

- Lack of resources (49)
- Lack of time (9)
- Lack of support from administration (7)
- Lack of staff (7)
- Lack of support from colleagues (2)
- Awareness
- Government stakeholders not present
- Lack of facility to perform HPV DNA for investigation from governmental level
- Sustainable funding

*Some respondents wrote more than one answer

20. Does anything remain unclear from the materials presented at this meeting? (n=47)

- No (30)
- FIGO staging (3)
- Follow up protocol (2)
- Treatment of cervical cancer in pregnancy, screening in pregnancy as not discussed
- There seemed to be inadequate time for discussion on RSGs
- Psychological support
- Palliative care in detail
- Management of stage IB was different at different setting left me a bit confused
- Management of inoperable cervical cancer
- Management of IB2 stage
- Management according to FIGO
- Develop integrated plan for HPV
- Detail lymph node dissection
- Cost benefit analysis, patient advocacy
- Best screening in low setting

21. Of the topics presented, what would you like to know more about? (n=50)*

- Topics were well covered (8)
- HPV vaccination (6)
- Management of advanced cervical cancer (4)
- LEEP (4)
- HPV DNA test (4)
- Colposcopy (4)
- Radiotherapy (3)
- Management of recurrent disease after treatment (3)
- Chemotherapy (3)
- Screening using VIA (2)
- Preventive measures (2)
- Palliative care (2)
- sexual life of cancer patient
- Regarding neoadjuvant chemotherapy followed by RH in IB2 IB3 cases (as it is cat 2B in NCCN guideline)
- Psychological support
- Possibilities of availing the latest technologies for management in Nepal
- pathogenesis (molecular/clinical)
- Nurses role highlights
- more precisely about management in our part of world
- More about the management part
- Minimal invasive surgeries in gyn-oncology
- Management of stage I & III according to new guidelines
- Management of IB2 stage
- Management of adverse effects of chemo drugs used in cervical cancer
- It would be great if presentations could be provided via mail
- HPV molecular basis
- Follow up protocol
- Feasibility of cervical screening and HPV vaccination in low resource setting
- Details of palliative care in stage IV cervical cancer
- Cryotherapy
- Challenge to availability of HPV vaccination in Nepal

*Some respondents wrote more than one answer

22. Other comments or suggestions for future meetings? (n=36)*

- More frequent meetings (10)
- More interactive sessions (5)
- Slide quality (3)
- Better time management (2)
- I think the interesting topic of presentation should be in second half of meeting (after lunch) (2)
- None (2)
- Also include session or workshop for new policy making for screening, immunization or other protocol so that we could present it with authority

- Different program for undergraduate, post-graduate and other specialists as some sessions were beyond our level
- Guidelines of different countries vary, so it would be more effective if ASCO could influence every countries and implement their guidelines. Also, visual presentation would be highly expected for upcoming meetings.
- Hope to have opportunity to attend such workshop
- Inviting cervical cancer survivor patients and discuss about the challenges faced from their point of view
- It would be better if they show situation of cervical cancer in Nepal, policies and program running in Nepal and provide for some suggestion to implement CCSP program in a better way
- know about screen
- Modified ASCO guidelines that would best fit current available resources and manpower in context of Nepal
- More networking
- Thank you and keep on enlightening

Respondent Demographics**Profession (n=74):**

Which one of the following best describes your profession?		
Profession	n	%
Gynecologist	42	57%
Student	9	12%
Medical Officer	5	7%
Radiation oncologist	4	5%
Gynecologic oncologist	3	4%
Other	9	12%
No Response	2	3%

Years of experience working in their field (n=62)

Mean	6.9
Median	4
Mode	2
Min	0.5
Max	34

Is your primary practice (n=63):

Governmental	23	37%
Private	22	35%
Both Governmental and Private	15	24%
Community Based Hospital	2	3%
Medical College	1	2%

What percentage of time do you spend working with cancer patients? (n=72)

0%	8	11%
1-25%	40	56%
26-50%	10	14%
51-75%	3	4%
76-99%	5	7%
100%	5	7%
Don't know	1	1%

Do you participate in tumor boards? (n=72)

Yes	19	26%
No	51	71%
Not relevant to my work	2	3%

What percentage of cases at your institution are evaluated by tumor board? (n=71)

0%	11	15%
1-25%	24	34%
26-50%	12	17%
51-75%	5	7%
76-99%	4	6%
100%	3	4%
Don't know	12	17%

In the past 12 months, have you participated in clinical research (n=67)?

Yes	28	42%
No	36	54%
Not sure	3	4%

Are you an ASCO member? (n=72)

Yes	5	7%
No	67	93%

How did you hear about the course? (n=69)

Colleague	20
Friend	13
Internet	10
Workplace	10
Professor	7
Bhaktapur Cancer Hospital	3
Eliza Shrestha	3
Social media	2
ASCO	1

Appendix 3: Pre- and Post-Test Results

Profession	Pre		Post	
	n	%	n	%
Gynecologist	22	37%	36	41%
Oncologist	13	22%	13	15%
Nurse	4	7%	9	10%
Palliative	1	2%	3	3%
Other	19	32%	27	31%
Total	59		88	

% of time spent with Cancer Patients	Pre		Post	
	n	%	n	%
<i>not asked in post test</i>				
0%	9	18%		
1-50%	25	50%		
51-99%	8	16%		
100%	8	16%		
Total	50			

If vaccine was available, would you prescribe?	Pre		Post	
	n	%	n	%
<i>not asked in post test</i>				
Yes	72	97%		
No	2	3%		
Total	74			

Implementation of Primary Prevention of Cervical Cancer RSG	Pre		Post	
	n	%	n	%
Implemented	9	14%	13	13%
In process	9	14%	29	28%
I know of them, not implemented	20	31%	46	44%
Never heard of them	27	42%	16	15%
Total	65		104	

Implementation of Secondary Prevention of Cervical Cancer RSG	Pre		Post	
	n	%	n	%
Implemented	12	24%	12	14%
In process	5	10%	16	18%
I know of them, not implemented	9	18%	49	56%
Never heard of them	25	49%	10	11%
Total	51		87	

Implementation of Management Cervical Cancer RSG	Pre		Post	
	n	%	n	%
Implemented	5	13%	8	11%
In process	3	8%	18	25%
I know of them, not implemented	7	18%	37	52%
Never heard of them	23	61%	8	11%
Total	38		71	

Implementation of Palliative Care RSG	Pre		Post	
	n	%	n	%
Implemented	4	7%	1	2%
In process	8	14%	8	15%
I know of them, not implemented	13	23%	38	73%
Never heard of them	32	56%	5	10%
Total	57		52	

Case: VIA	Pre		Post	
	n	%	n	%
Correct (4)	7	10%	27	25%
Incorrect	66	90%	80	75%
Total	73		107	

Case: LEEP	Pre		Post	
	n	%	n	%
Correct (5)	3	5%	9	8%
Incorrect	61	95%	100	92%
Total	64		109	

Case: Screening	Pre		Post	
	n	%	n	%
Correct (3)	15	27%	24	38%
Incorrect	40	73%	39	62%
Total	55		63	

Vaccine prevents how many women from cervical cancer	Pre		Post	
	n	%	n	%
Correct (4)	19	33%	53	52%
Incorrect	39	67%	49	48%
Total	58		102	

Best treatment without radiotherapy	Pre		Post	
	n	%	n	%
Correct (4)	23	38%	74	71%
Incorrect	37	62%	30	29%
Total	60		104	

Cervical Cancer Epidemiology	Pre		Post	
	n	%	n	%
Correct (5)	47	85%	84	88%
Incorrect	8	15%	12	13%
Total	55		96	

Best treatment option without brachytherapy	Pre		Post	
	n	%	n	%
Correct (3)	31	69%	69	71%
Incorrect	14	31%	28	29%
Total	45		97	

Case: radiotherapy not available	Pre-test		Post-test	
	n	%	n	%
Correct (4)	49	88%	68	93%
Incorrect	7	13%	5	7%
Total	56		73	

Appendix 4: Course Agenda



Multidisciplinary Cervical Cancer Management Course

Cervical Cancer Prevention, Management, & Care

November 1-3, 2018, Kathmandu

Day 1 – Prevention & Screening

Target Audience: Policy makers, primary care providers and nurses

7:30 – 8:30	Registration and Pre-course attitudes & knowledge assessment Pre-course attitudes & knowledge assessment	
8:30 – 8:50	Welcome from the Host	
8:50 – 8:55	Welcome from ASCO – overview of ASCO	Vanessa Eaton
8:55 – 9:05	Discussion – what do you want to learn today?	Linus Chuang
Morning session		Moderator: Ruhee Tuladhar
9:05 – 9:35	Overview of cervical cancer	Jonathan Berek
9:35 – 9:45	Cervical cancer epidemiology, screening and available care in Nepal	Eliza Shrestha
9:45 – 10:00	Questions	
10:00 – 10:30	Tea Break	
10:30 – 10:55	Myths and challenges - Vaccination	Swarupa Mitra
10:55 – 11:20	Elements and an example of a successful HPV program (Zambia)	Judith Wolf
11:20 – 12:00	Role of cancer registries in screening & prevention programs	Sheela Verma
12:00 – 13:00	Lunch	
Afternoon session		Moderator: Ruhee Tuladhar
13:00 – 13:30	Case Studies: - VIA (15 mins) - Pap and/or HPV DNA testing (15 mins)	Sarita Ghimire – VIA Hannah Ortiz – DNA
13:30 – 14:00	Debate: pros and cons of VIA/HPV DNA testing; applicability in Nepal?	Pro: Jitendra Pariyar Con: Aarati Shah
14:00 – 14:30	Examples of screening programs • Nepal (15 mins) • Zambia (15 mins)	Sarita Ghimire Linus Chuang
14:30 – 14:50	Tea Break	
14:50 – 15:20	Making a case for screening programs • Cost-benefit analysis	Nisha Singh
15:20 – 15:50	Engaging patient advocates	Diwakar Rajkarnikar
15:50 – 16:00	Post-test attitudes & knowledge assessment	Vanessa Eaton
16:00 – 16:10	Closing	



Multidisciplinary Cervical Cancer Management Course
Cervical Cancer Prevention, Management, & Care
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Day 2 – Multidisciplinary management of cervical cancer

Target Audience: Gynecologists, gynecologic oncologists, medical oncologists, radiation oncologists, and health care workers delivering care for patients with cervical cancer

7:30 – 8:30	Registration	
8:30 – 8:40	Welcome from the Host& key points from Day 1	Aarati Shah
8:40 – 8:55	Welcome from ASCO – overview of ASCO	Vanessa Eaton
8:55 – 9:10	Pre-course attitudes & knowledge assessment	Vanessa Eaton
9:05 – 9:20	Discussion – what do you want to learn today?	Linus Chuang
Morning session		Moderator: Usha Bade Shrestha
9:20 – 9:50	Discussion: Conducting a work-up for a patient with cervical cancer	Li Xiao Mao
9:50 – 10:10	Biopsy& pathologic review	Abhimanyau Jha
10:10-10:30	FIGO staging	Jonathan Berek
10:30 - 10:40	Questions	
10:40 – 11:00	Tea Break	
11:00 – 11:30	Cervical cancer treatment capacity in Nepal	GyneOnco: Shristee Shrestha Prajapati Medical Onco: Roshan Prajapati Radiation Onco:Subash Pandit
11:30 – 11:45	ASCO Resource stratified guidelines	Linus Chuang
11:45 – 12:05	Management of early stage cervical cancer (IB2)	Judith Wolf
12:05 – 12:15	Questions	
12:15 – 13:15	Lunch	
Afternoon Session		Moderator: Usha Bade Shrestha
13:15 – 13:45	Local case presentation – early stage	Case Presentation: RuheeTuladhar Panel Medical Onco :Kamalraj Soti GyneOnco: Amita Naithani Radiation Onco:Sandhya Chapagain Pathology:Rakesh Pathak
13:45 – 14:20	Fertility preservation & sexual health	Judith Wolf
14:20 – 14:30	Questions	
14:30 – 14:50	Tea Break	
14:50 – 16:30	Breakout sessions by specialty: • Surgeon • Radiation Oncology • Medical Oncology	Surgeon: Linus Chuang Radiation Onco: Swarupa Mitra Medical Onco: Jonathan Berek




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Day 3 – Multidisciplinary management of cervical cancer, pain, symptom management

Target Audience: Gynecologists, gynecologic oncologists, medical oncologists, radiation oncologists, and health care workers delivering care for patients with cervical cancer

8:30 – 8:40	Key points from Day 2 & questions	Eliza Shrestha
8:40 – 8:50	Discussion – what do you want to learn today?	Linus Chuang
Morning Session		Moderator: Jasma Mally
8:50 – 9:20	Management of inoperable cervical cancer	Kamalraj Soti Ujjwal Chalise
9:20 – 9:30	Management of locally advanced and inoperable cervical cancer in India	Asima Mukhopadhyay
9:30 – 9:40	How performance status influences care	Linus Chuang
9:40 – 9:50	Questions	
9:50 – 10:20	Local case discussions	Case Presentation: Shweta Baral Panel Medical Onco: Bishnu Dutta Poudel GyneOnco: Bijay Chandra Acharya Radiation Onco: Rashmey Pun Pathology: SanatChalise Palliative: Chadani Vaidya UroOnco: Sudhir Kumar Rawal
10:20 – 10:40	Tea Break	
10:40 – 10:50	Management of acute and chronic radiotherapy side effects	Ujjwal Chalise
10:50 – 11:10	Renal failure and ethical decision making	Sudhir Kumar Rawal
11:10 – 12:00	Communicating goals of care	Jonathan S Berek
12:00 – 13:00	Lunch	
Afternoon Session		Moderator: Jasma Mally
13:00 – 13:15	Palliative care services in Nepal	Pradip Vaidya
13:15-13:45	Overview of RSG in Palliative Care	Sudip Shrestha
13:45 – 13:55	Questions	
13:55 – 14:50	What is pain? Dosing and Prescribing in Pain	Dipesh Dhital
14:50-15:00	Questions	
15:00- 15:20	Post Test	
15:20 – 15:40	Tea break	
15:40 – 16:10	Strategies to manage cervical cancer in Nepal	Meeta Singh
16:10 – 16:20	Referral systems and options in Nepal	Pappu Rijal
16:20 – 16:30	Take-aways/debrief	Linus Chuang
16:30 – 16:45	Evaluation & Closing	Eliza Shrestha

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