

Multidisciplinary Cancer Management Course

November 29th – 30th

2019

Course Evaluation Report

Kathmandu, Nepal

ASCO[®] International

American Society of Clinical Oncology
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Executive Summary

MCMC Nepal 2019

Summary:

- Two-day course on screening and management of cervical cancer.
- 42 gynecologists, gynecologic oncologists and other healthcare workers attended the course.
- 18 completed the impact assessment (32 percent of participants).

Comments:

- All respondents reported implementing or trying to implement cervical cancer screening guidelines presented at the course.
- All respondents expressed interest in online training while a live course is not possible.

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MCMC Outcomes – One Year Later

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

100% reported implementing or trying to implement cervical cancer screening guidelines.

89% reported using skills learned at the course to perform VIA.

89% reported using skills learned at the course to perform colposcopy.

72% reported using skills learned at the course to perform LEEP.

50% reported using skills learned at the course to perform thermal ablation.

100% expressed interest in an online training.

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Introduction

The American Society of Clinical Oncology is pleased to have presented a two-day Multidisciplinary Cancer Management Course on November 29th-30th in Kathmandu, Nepal. The program is generously supported by Celgene Corporation. Training models were donated by Rice University.

More than 40 gynecologists, gynecologic oncologists, and others from Nepal attended the MCMC. The two-day course featured case-based presentations and hands-on training on different clinical scenarios related to screening and management of cervical cancer and pre-cancerous lesions.

Learning Objectives

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

1. Understand cervical cancer screening guidelines.
2. Provide screening services – visual inspection with acetic acid (VIA) and colposcopy – for cervical cancer.
3. Provide treatment – loop electrosurgical excision procedure (LEEP) and thermal ablation – for pre-cancerous cervical lesions.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of 42 participants who attended, 37 completed an evaluation form, a response rate of 88 percent.

2.) Online follow-up survey

Six months after the course, a follow-up survey was sent to participants for whom a valid email address was available. Of the 29 recipients, 18 responded to the survey for a response rate of 41 percent (32 percent of all participants).

Attendee Demographics

Information about the participants' demographic data was collected through the evaluation form, completed by 37 participants. The majority of respondents were oncologists; 44 percent of respondents said they practice at a private institution. On average, respondents had 7.7 years of experience in their current profession. The majority said that they participate in tumor boards and half said that they spend more than 50 percent of their practice time with cancer patients. Forty-one percent of respondents said that more than half of cases at their institution are evaluated by a multidisciplinary tumor board. Full results in [Appendix 2](#).

Figure 1: Attendees

Profession	On-site		Follow-up	
	n	%	n	%
Gynecologist	18	49%	4	22%
Gynecologic oncologist	10	27%	7	39%
Medical fellow/resident	3	8%	1	6%
Radiation oncologist	3	8%	2	11%
Medical officer	1	3%	2	11%
Surgical oncologist	1	3%	0	0%
Medical Oncologist	0	0%	1	6%
IGCS Fellow	0	0%	1	6%
No response	1	3%	0	0%
Total	37	100%	18	100%

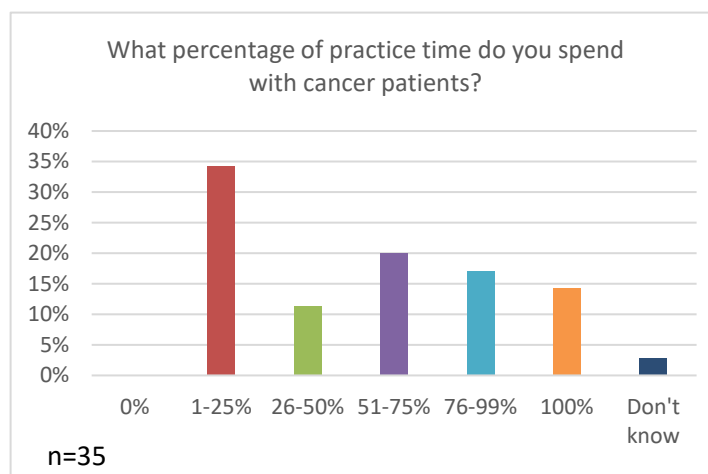


Figure 2: Majority of respondents spend more than 75% of their time working with cancer patients

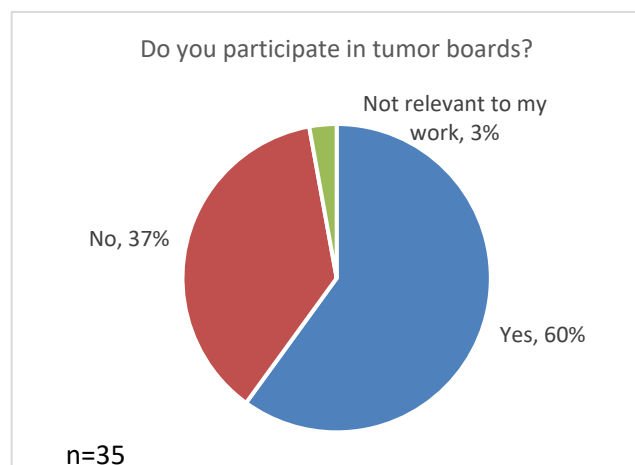
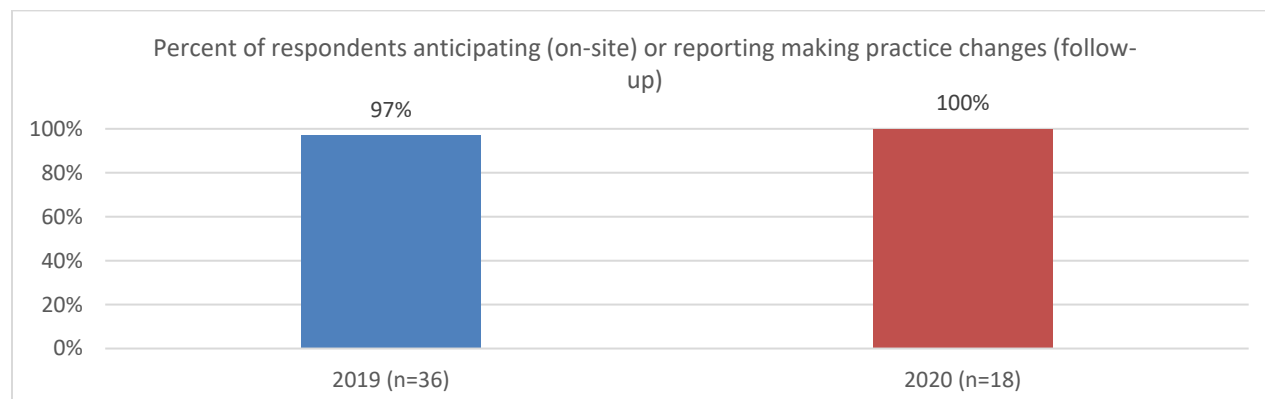


Figure 3: Majority of respondents participate in tumor boards

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-seven percent of respondents said they planned to do something differently; this is higher than the average for MCMCs (84 percent). These changes include:

- Changes to treatment of cervical cancer (14)
 - LEEP (7)
- Changes to screening patients for cervical cancer (9)
 - Counseling patients against hysterectomy when unnecessary (7)

One-year Impact Assessment

Six months after the course, all respondents said that they had implemented or tried to implement the cervical cancer screening guidelines presented at the course. In addition, all respondents to the impact assessment said that they had made practice changes based on what they learned in the course. These changes included:

- Changes to cervical cancer screening (14)
 - Changes to colposcopy (5)
 - Began performing VIA (2)
 - Began performing colposcopy (2)
- Changes to treatment (8)
 - Changes to LEEP (3)
 - Changes to thermal ablation (2)
 - Began performing LEEP
 - Began performing thermal ablation
- Use of guidelines (3)
- Discussed changes to mass screening programs with colleagues

Evaluation Results: By Learning Objective

Objectives	On-Site Percent of respondents reporting an increase	Follow-up Percent of respondents reporting using skills or guidelines	Intended practice changes
1. Understand cervical cancer screening guidelines.	89%	100%	3 respondents reported practice changes related to guidelines after the course.
2a. Ability to perform VIA.	84%	89%	14 respondent reported practice changes related to screening; 2 specified use of VIA.
2b. Ability to perform colposcopy	84%	89%	7 respondents reported practice changes related to colposcopy.
3a. Ability to perform LEEP.	84%	72%	8 respondents reported changes related to treatment; 4 specified use of LEEP.
3b. Ability to perform thermal ablation.	86%	50%	3 respondents reported practice changes related to thermal ablation.

Respondents were offered the opportunity to explain why they did not use any of the skills presented at the course. The following comments were provided:

- Member of a team, others perform the procedure[s] (2)
- Thermal ablation not available (2)
- I did not come across any such patients requiring thermal ablation in my practice in last 6 months.
- For the past six months we have been busy dealing with COVID-19 and have not been able to do many screening tests
- Most women cannot come for follow up. Thermal ablation there is no tissue for biopsy so LEEP is preferred.
- The co2 cryo was difficult to operate due to frequent clogging of tubing with ice crystals

Summary & Conclusions

Eighteen people responded to the impact assessment, representing 32 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, 100 percent of respondents reported implementing or trying to implement the cervical cancer screening guidelines and 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 all but one of the educational objectives. Eighty-nine percent of respondents said that they had used skills taught at the course to perform visual inspection with acetic acid (VIA) and colposcopy, and 14 respondents reported practice changes related to screening for cervical cancer. In addition, 72 percent of respondents said that they had used skills learned at the course to perform loop electrosurgical excision procedure (LEEP), and four specified practice changes related to LEEP.

Thermal ablation appears to have been the technique that was most difficult for participants to incorporate into their practice; four respondents reported barriers to use of this skill, citing lack of equipment or patients for whom this would be an appropriate procedure. However, half of respondents said that they had used skills from the course to perform thermal ablation, and three respondents specified practice changes in this area.

A follow-up course was planned to be held in Kathmandu in late 2020, but due to the COVID-19 pandemic an in-person training will not be possible. The impact assessment included a question to assess respondents' interest in participating in an online training in lieu of an in-person training; all respondents replied yes, suggesting that the need for training and commitment of local healthcare providers remains high despite the pandemic.

Appendix 1: Impact Assessment Results

In the past six months, have you used skills that you learned at the course to perform:	Yes		No		Total
Visual Inspection with Acetic Acid (VIA)	89%	16	11%	2	18
Colposcopy	89%	16	11%	2	18
Loop Electrosurgical Excision Procedure (LEEP)	72%	13	28%	5	18
Thermal Ablation Therapy	50%	9	50%	9	18

If you did not use any of the skills presented at the course, please explain why. (n=8)					
<ul style="list-style-type: none"> • Member of a team, others perform the procedure[s] (2) • Thermal ablation not available (2) • I did not come across any such patients requiring thermal ablation in my practice in last 6 months. • For the past six months we have been busy dealing with COVID-19 and have not been able to do many screening tests • Most women cannot come for follow up. Thermal ablation there is no tissue for biopsy so LEEP is preferred. • The co2 cryo was difficult to operate due to frequent clogging of tubing with ice crystals 					

Have you tried to implement or have you implemented the cervical cancer screening guidelines presented at the course?	%	n
Yes	100%	18
No	0%	0

Have you made changes to your work as a result of what you learned at the course?	%	n
Yes	100%	18
No	0%	0

What changes have you made to your work based on what you learned at course? (n=17)

- Changes to cervical cancer screening (14)
 - Changes to colposcopy (5)
 - Began performing VIA (2)
 - Began performing colposcopy (2)
- Changes to treatment (8)
 - Changes to LEEP (3)
 - Changes to thermal ablation (2)
 - Began performing LEEP
 - Began performing thermal ablation
- Use of guidelines (3)
- Discussed changes to mass screening programs with colleagues
- As such I have been doing even before, so really not that much of change
- Improved skill
- New update

What is your profession?	%	n
Gynecologic Oncologist	39%	7
Gynecologist	22%	4
Radiation Oncologist	11%	2
Medical Officer	11%	2
Medical Fellow/Resident	6%	1
Medical Oncologist	6%	1
IGCS Fellow	6%	1

In your opinion, what education is needed to improve the quality of cancer care at your institution or hospital (new skills, attitude changes, etc.)? (n=17)

- New skills (6)
- Attitude changes (3)
- Hands-on training (3)
- Patient education
- More academic activities
- Teamwork
- We have gynae Oncologist who usually take care of cancer patient and various trainings on screening are conducted time to time. The thing that needs change is the attitude of the treating doctors as well as patients and they have to stop believing that treatment for every premalignant lesion is hysterectomy.
- Public awareness. Theoretical knowledge about the screening modalities. Clinical practices.
- I think technology transfer training is important. Since i am a radiation oncologist, i would focus on brachytherapy training from experts would be a big help for us as we are not able to start interstitial brachytherapy. So I would request for the possibility for the same.
- Skill standardization as some use more of knife conization and some use LEEP, mainly because LEEP is at times not available
- PROTOCOL updating. Reinforcement of protocol.
- Though we have trained and learned scholars, I have seen difficulties to see the changes in practice.
- There are many things, we do have our own guideline and the resources, this needs to. E coupled with

trained and skilled health care worker and at the same time management needs to be flexible at certain instances like to compact the logistics issues. And of course awareness needs to be there at general public level about the disease so that they can seek the services.

Thank you very much for taking the time to complete this survey. Please feel free to share any other comments or suggestions below:


- Thank you very much for such interactive course. Hope to have such courses in future also.
- We are very grateful to ASCO family helping us to improve quality of patient care here in Nepal. Hope for continuation of such training programs in future
- Sure. Kindly would like to ask for help from ASCO in the Fellowship programmes in Core Gynaecological Oncology and Preventive Oncology being implemented in B.P. Koirala Institute of Health Sciences-a Government funded teaching institute outside Kathmandu Valley.
- Please continue multidisciplinary cervical cancer treatment program in Nepal. Thank you.
- The training was very much helpful. I would like to request for and look forward to radiation therapy dedicated training in future and would like to assure for my involvement and contribution for the same.
- Please do continue multidisciplinary cervical cancer management course in Nepal. It helped us a lot. Thank you.
- Thanks
- The training session was great. I would be happy if local mentors/consultants are trained and conduct such training more frequently
- Please keep us updating regarding cervical screening and its treatment
- Would like to get the algorithms for treatment.
- Cervical cancer MCMC was a very useful training. Most healthcare provider enjoyed the hands-on session which was much helpful. For the courses in future we need to accommodate more young doctors and nurses who is really working in the field of cervical cancer screening and prevention or else it will be waste of resources (if we collect/gather bunch of oncologist or gynecologist for the course and deliver training it will be waste) My point here is the skill development/ transfer to be done to the person who will actually use this and help other in future by the virtue of this training/ skill. Not for the sake of training and adding on to the list of certificates.

Would you be interested in receiving further training in an online format designed for participants to the 2019 cervical cancer training in Nepal?	%	n
Yes	100%	18
No	0%	0


Appendix 2: Course Agenda

ASCO[®]

Cervical Cancer Prevention Course



November 29-30, 2019



Himalaya Hotel
Sahid Sukra Marg
Lalitpur, Patan
Kathmandu

ASCO[®] International

Endorsed by:



**BHAKTAPUR
CANCER
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**NATIONAL ACADEMY OF
MEDICAL SCIENCES**



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Agenda

Friday November 29, 2019

8:30-9:00	Registration	
9:00-9:45	Opening ASCO programs	Vanessa Sarchet
9:45-10:15	Overview of cervical cancer prevention and treatment globally WHO cervical cancer elimination initiative	Kathleen Schmeler
10:15-10:30	Cervical Cancer in Nepal	Sarita Ghimire
10:30-10:45	Coffee break	
10:45-11:15	Cervical cancer screening guidelines (WHO and ASCO guidelines)	Kathleen Schmeler
11:15-11:30	Nepal guidelines for cervical cancer screening	Aarati Shah
11:30-11:45	Discussion	
11:45-12:15	HPV vaccination	Ellen Baker (15 min) Sheela Verma (15 min)
12:15-12:45	VIA and Colposcopy	Mila Salcedo (15 min) Jitendra Pariyar (15 min)
12:45-13:00	Review of Cervical images (VIA and colposcopy)	ASCO faculty
13:00-14:00	Lunch break	
14:00-14:30	Low-grade and high-grade cervical dysplasia - 10 min discussion on treatment in Nepal	Natacha Phoolcharoen
14:30-14:50	Treatment: Ablation Therapies	Mila Salcedo
14:50-15:10	Treatment: LEEP	Eliza Shrestha
15:10-15:30	Question & Answer	All faculty
15:30-16:00	Coffee break	
16:00-17:00	Orientation for trainers	

Agenda

Saturday November 30, 2019

9:00-9:15	Opening and instructions to stations	
9:15-9:45	Station 1: LEEP	
9:45-10:15	Station 2: Colposcopy/biopsy/ECC	
10:15-10:45	Coffee break	
10:45-11:15	Station 3: Thermal ablation	
11:15-11:45	Station 4: Cervical images	
11:45-12:15	Project ECHO	Melissa Varon and Ellen Baker
12:15-12:45	Panel discussion	All faculty
12:45-13:45	Lunch break	
13:45-14:15	ASCO resource-stratified guidelines for the management of invasive cervical cancer	Kathleen Schmeler
14:15-14:30	Invasive Cervical Cancer Care in Nepal	Sandhya Chapagain
14:30-15:30	Cervical Cancer Case Discussions	Jitendra Pariyar and Nepal faculty
15:30-16:00	Final evaluation, closing remarks and certificates	



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MINISTRY OF HEALTH

THE UNIVERSITY OF TEXAS
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We would like to thank Dr. Rebecca Richards-Kortum and her team from the Rice 360 Institute for Global Health at Rice University, Houston, Texas, USA for donating 10 LUCIA kits to doctors and nurses in Nepal to provide cervical cancer prevention training and education locally.

