Multidisciplinary Cancer Management Course

February 17th – 19th

2020

Course Evaluation Report

Yangon, Myanmar

ASCO® International

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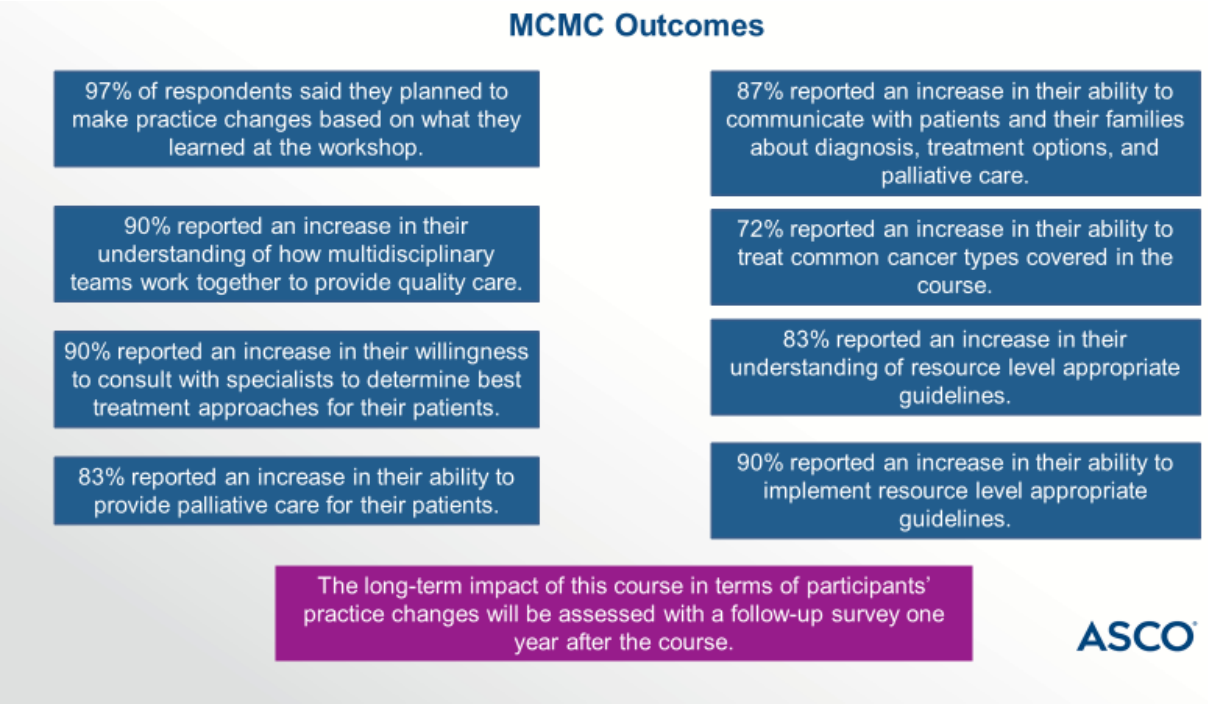
Executive Summary



Introduction

The American Society of Clinical Oncology is pleased to have partnered with City Cancer Challenge and the American Society of Clinical Pathology to present a two-day Multidisciplinary Cancer Management Course from February 17th – 19h in Yangon, Myanmar.

Forty-one oncologists and other healthcare workers others from Yangon attended the MCMC. The two-day course featured case-based presentations and interactive sessions on different clinical scenarios related to breast and cervical cancers.

The MCMC also included a separate small group Multidisciplinary Care Team Development Program session on February 17. Forty people attended the MCTDP, which covered multidisciplinary care and tumor board facilitation skills.

Learning Objectives

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

1. **Manage most prevalent types of cancer in the region— breast and —using up-to-date practices.**
2. **Understand multidisciplinary cancer management.**
3. **Consult with specialists to determine best treatment approaches for their patients.**
4. **Communicate with patients and their families about diagnosis, treatment options, and palliative care.**
5. **Provide palliative care to patients.**
6. Understand resource level appropriate guidelines for breast and cervical cancers.
7. Implement resource level appropriate guidelines for breast and cervical cancers.

Note: Objectives in bold are standard MCMC objectives; additional objectives are specific to MCMC Yangon.

As a result of attending the Multidisciplinary Care Team Development Program, attendees should be equipped to:

1. Understand multidisciplinary cancer management.
2. Consult with specialists to determine best treatment approaches for their patients**.**
3. Establish a tumor board.
4. Effectively facilitate a tumor board discussion.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of 41 participants who attended, 33 completed an evaluation form, a response rate of 80 percent.

MCTDP participants completed a separate evaluation. Of the 40 participants, 23 completed the evaluation form (response rate: 58%). Results are available in Appendix 3.

2.) Online follow-up survey

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

Attendee Demographics

Information about the participants' demographic data was collected through the evaluation form, completed by 33 participants. Roughly half of respondents were oncologists; 46 percent of respondents said they practice at a governmental institution. On average, respondents had 18.1 years of experience in their current profession. The majority said that they participate in tumor boards, and that they spend more than half of their practice time with cancer patients. Full results in Appendix 2.

Figure 1: Attendees

Profession	# Respondents to Evaluation	% Respondents
	n	%
General Surgeon	7	21%
Radiation Oncologist	7	21%
Surgical Oncologist	6	18%
Gynecologist	4	12%
Medical/Clinical Oncologist	4	12%
Pathologist	2	6%
Other	3	9%
Total	33	100%

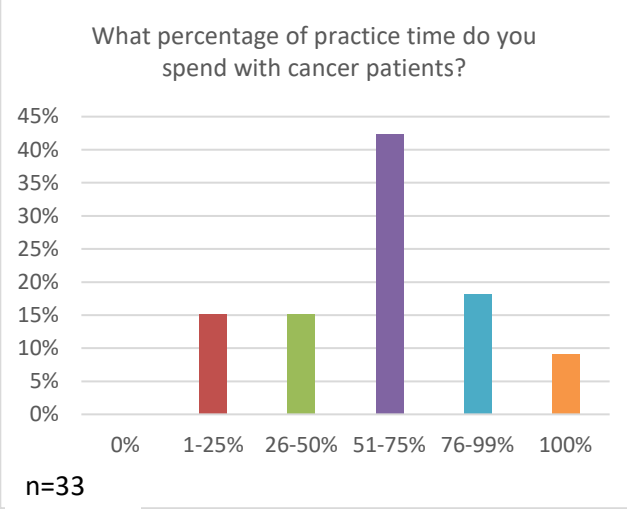


Figure 2: Majority of respondents spend more than half of their time working with cancer patients

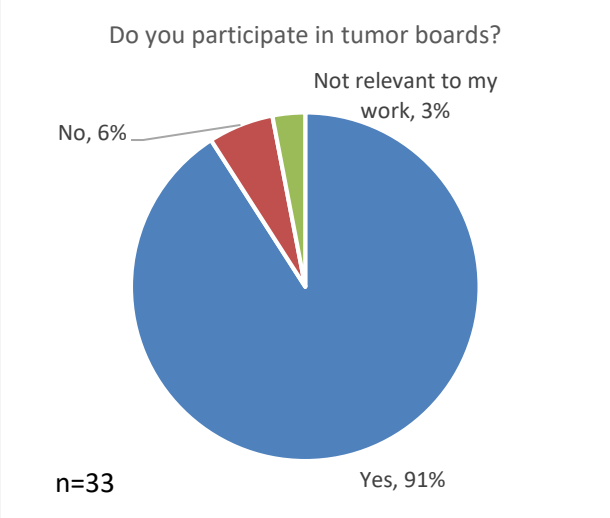


Figure 3: Majority of respondents participate in tumor boards

Evaluation Results: Overall Intention to Change Practices

Respondents were asked if they would make a practice change based on information learned at the course. Ninety-seven percent of respondents said they planned to do something differently; this is higher than the average for MCMCs (85 percent). These changes include:

- Improve or increase multidisciplinary care (13)
  - Create a tumor board (2)
- Adopt or adhere to guidelines (10)
- Management or diagnosis of cancers (6)

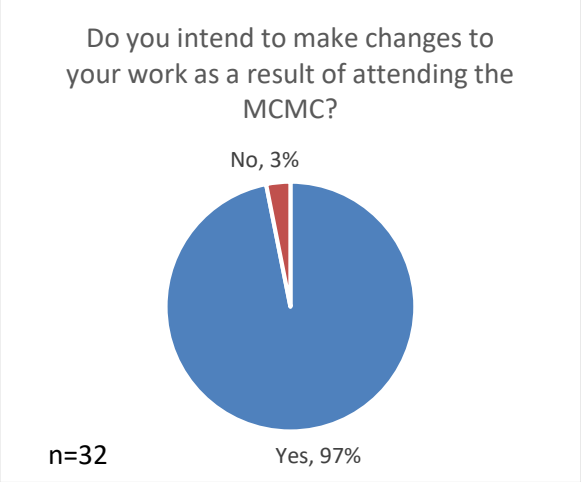


Figure 4: Respondents Plan to Make Practice Changes

Respondents were asked to rate their confidence in their ability to make the changes they intended to make on a 3-point scale from Not at all confident to Very confident. All but one respondent said that they were somewhat or very confident they would be able to make changes, with an average rating of 2.34. This is somewhat lower than the MCMC average (2.67).

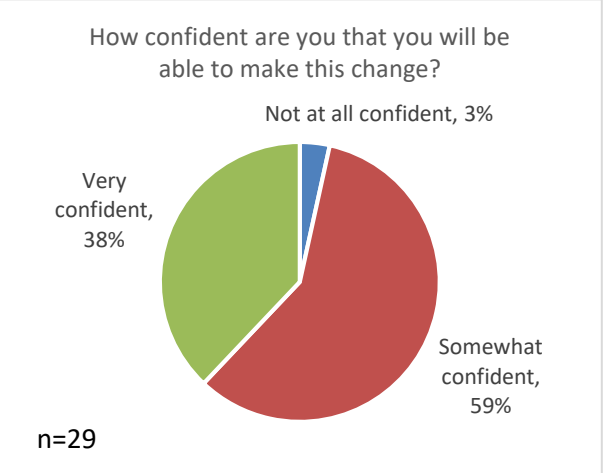


Figure 5: Respondents' confidence in ability to make practice changes.

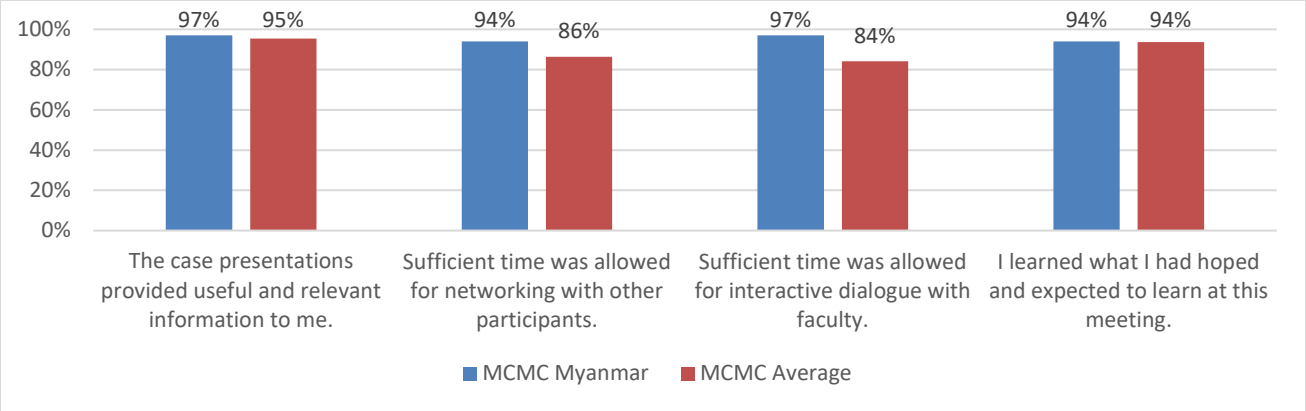
Evaluation Results: By Learning Objective

Objectives	Percent of respondents reporting an increase – MCMC Yangon	Percent of respondents reporting an increase – MCMC Average	Mean Before (Yangon)	Mean After (Yangon)	Mean Change (Yangon)	Intended practice changes
1. Manage most prevalent types of cancer in the region – breast and cervical cancers —using up-to-date practices. (Results are average of 2 items.)	72%	85%	2.97	3.72	0.79	6 respondents reported intended changes related to management or diagnosis of breast and cervical cancers.
2. Understand multidisciplinary cancer management.	90%	91%	2.79	4.06	1.29	13 respondents reported intended practice changes related to multidisciplinary care; 2 of these specified creating tumor boards.
3. Consult with specialists to determine best treatment approaches for their patients.	90%	84%	3.03	4.00	1.00	
4. Communicate with patients and their families about diagnosis, treatment options, and palliative care.	87%	82%	2.84	3.77	1.00	
5. Provide palliative care to patients.	83%	85%	2.58	3.41	0.90	
6. Understand resource level appropriate guidelines for breast and cervical cancers. (Results are average of 2 items.)*	83%	85%	2.66	3.77	1.17	
7. Implement resource level appropriate guidelines for breast and cervical cancers. (Results are average of 2 items.)*	90%	79%	2.61	3.66	1.07	Ten respondents reported practice changes related to adopting or adhering to guidelines.

*Comparison data are from two previous courses.

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 or higher than 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. No respondents listed any sessions or speakers as below expectations. The results are as follows:

Above Expectations	Below Expectations
• All (4) • Rolando (3) • Yavuz (2) • Thumkun (2) • Roberto (2) • Roselle (2) • Brook • Every session apart from management of advanced breast cancer • Expert panel presentation. Expert panel discussion on city guidelines management of invasive breast cancer • MDT, guidelines for management of cervical cancer, case presentation, palliative care, expert presentations • Pathology, radiology, gyn oncology, radiotherapy, nursing care	• Management of advanced breast cancer • None • Roselle • Systemic

Opportunities to Improve

Respondents were asked if anything remained unclear after the course. Twenty-one of 23 respondents said no. Two respondents reported the following:

- Not sure whether palliative care component should be in the guideline or not as there's not PC treatment in international guidelines.
- Should we practice BCS in our country situation. No definitive surgical procedure for axillary. Management of clinical suspicion of cancer by radiologically and biopsy. Maximum age limit for surgical ablation.

Respondents were also asked to provide comments or suggestions for future meetings. Four suggested that additional courses be held. Additional comments were:

- Expert presentations expert guide
- Facilitator
- If there will be meeting in the future, major management sectors (surgery, medical and radiation oncology) and diagnosis sectors (pathology, radiology) should speak mainly. I'm not sure why palliative care is more dominant than radiation oncology for management guideline. It is just additional, not the major management.
- Very beneficial if available
- Very interesting and fulfilling. Thank you so much ASCO team and C/Can Yangon team. I myself would like to volunteer to any of ASCO activities in capacity building, training, etc. especially in developing countries
- We get good experiences with you. In future meeting, we can present you more definite and clear guidelines.
- We hope City Cancer can help to give radiotherapy facilities to improve our patients.
- Would like to finalize the guidelines

Summary & Conclusions

The course appears to have been successful in meeting its behavioral objective, with 97 percent of respondents to the evaluation form 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 improving or increasing multidisciplinary care (13), adopting and adherence to guidelines (10), and management or diagnosis of cancers (6).

The majority of respondents reported an increase on each objective. These results were generally similar to or better than the average for previous MCMCs. This may be in part due to the structure of the course, as MCMC Myanmar focused on guideline development and implementation. Overall, the results of the evaluation are mostly positive, with a majority of respondents agreeing with items rating the course experience, and a majority reporting increases on each objective.

Similarly, all respondents to the Multidisciplinary Care Team Development Program evaluation said that they intended to make practice changes, most commonly changes related to tumor boards. Comparison data for the educational objectives of the MCTDP are based on results at previous MCMCs (multidisciplinary care objectives) and Train the Trainers (establishing and facilitating tumor boards). As with the MCMC, the majority reported an increase on each objective, but the percentage of respondents reporting an increase in their willingness to consult with specialists after this training was lower than average. However, this objective had the highest pre- rating (3.09) and 95 percent of respondents rated this objective as Very Good or Excellent after 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.	33	0%	3%	52%	45%
Sufficient time was allowed for networking with other participants.	33	0%	6%	55%	39%
Sufficient time was allowed for interactive dialogue with faculty.	33	0%	3%	52%	45%
I learned what I had hoped and expected to learn at this meeting.	33	0%	6%	52%	42%

Educational Objectives	n	Increased	No Change	Decreased
My understanding of how multidisciplinary teams work together to provide quality care.	31	90%	10%	0%
My ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.	30	87%	13%	0%
My willingness to consult with specialists to determine best treatment approaches for my patients.	29	90%	10%	0%
My ability to provide palliative care for my patients.	29	83%	17%	0%
My ability to provide treatment for patients with cancer.	29	72%	28%	0%
My understanding of the resource level appropriate guidelines for cancer.	30	83%	17%	0%
My ability to implement the resource level appropriate guidelines for cancer.	29	90%	10%	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.	33	3%	36%	45%	9%	6%	31	0%	0%	13%	68%	19%
My ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.	32	3%	28%	56%	6%	6%	30	0%	0%	30%	63%	7%
My willingness to consult with specialists to determine best treatment approaches for my patients.	31	0%	16%	68%	13%	3%	29	0%	0%	17%	66%	17%
My ability to provide palliative care for my patients.	31	6%	23%	55%	6%	10%	29	0%	14%	45%	28%	14%
My ability to provide treatment for patients with cancer.	31	0%	26%	55%	16%	3%	29	0%	7%	28%	52%	14%
My understanding of the resource level appropriate guidelines for cancer.	32	3%	41%	47%	6%	3%	30	0%	3%	30%	53%	13%
My ability to implement the resource level appropriate guidelines for cancer.	31	3%	39%	55%	0%	3%	29	0%	0%	45%	45%	10%

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

1. **What was the most important thing you learned at the course? (n=33)**
    - About multidisciplinary care (14)
        - Importance of multidisciplinary care (9)
        - How to provide multidisciplinary care
        - How to develop MDT
    - About the guidelines (7)
    - Best individualized tailored for individual
    - Having HPV vaccine and screening plan for cervical cancer is very important to reduce the cancer incidence.
    - Hoping the resources needed for our RT department according to our had work to this meeting
    - How to write a guideline draft
    - Importance for gynoncology center
    - Important in decision making
    - Management of cervical cancer
    - Need to identify the level of guidelines in our city.
    - Neoadjuvant choice of drugs consideration
    - Right, detail and proper histological diagnosis lead to proper, definite management in time
    - Role of pathologist
    - So many obstacles in writing and implementing a guideline for breast cancer multidisciplinary management
    - To promote awareness of palliative care to healthcare personnel

3. **Based on your participation, is there anything you will do differently in your work? (n=30)**
    - Improve or increase multidisciplinary care (13)
        - Create a tumor board (2)
    - Adopt or adhere to guidelines (10)
    - Management or diagnosis of cancers (6)
    - Proper palliative care referrals
    - Reporting format
    - To involve more for final draft and more involvement in elimination of cervical cancer
    - To make sure about preoperative ER, DR, stats
    - To write colon cancer guideline as short as possible and with algorithms

20. **What remains unclear from the course? (n=23)**
    - Nothing (21)
    - Not sure whether palliative care component should be in the guideline or not as there's not PC treatment in international guidelines.
    - Should we practice BCS in our country situation. No definitive surgical procedure for axillary. Management of clinically suspicion of cancer but radiologically and biopsy. Maximum age limit for surgical ablation.

21. **Comments or suggestions for future courses? (n=12)**

- Hold more courses (4)
- Expert presentations expert guide
- Facilitator
- If there will be meeting in the future, major management sectors (surgery, medical and radiation oncology) and diagnosis sectors (pathology, radiology) should speak mainly. I'm not sure why palliative care is more dominant than radiation oncology for management guideline. It is just additional, not the major management.
- Very beneficial if available
- Very interesting and fulfilling. Thank you so much ASCO team and C/Can Yangon team. I myself would like to volunteer to any of ASCO activities in capacity building, training, etc. especially in developing countries
- We get good experiences with you. In future meeting, we can present you more definite and clear guidelines.
- We hope City Cancer can help to give radiotherapy facilities to improve our patients.
- Would like to finalize the guidelines

Respondent Demographics

Profession (n=33):

Which one of the following best describes your profession?		
Profession	**n**	**%**
General Surgeon	7	21%
Radiation Oncologist	7	21%
Surgical Oncologist	6	18%
Gynecologist	4	12%
Medical/Clinical Oncologist	4	12%
Pathologist	2	6%
Other	3	9%

Years of experience working in their field (n=33)

Mean	18.1
Median	15
Mode	15
Min	7
Max	40

Is your primary practice (n=28):

Governmental	13	46%
Private	1	4%
Both	14	50%

What percentage of time do you spend working with cancer patients? (n=33)

0%	0	0%
1-25%	5	15%
26-50%	5	15%
51-75%	14	42%
76-99%	6	18%
100%	3	9%

Do you participate in tumor boards? (n=33)

Yes	30	91%
No	2	6%
Not relevant to my work	1	3%

What percentage of cases at your institution are evaluated by tumor board? (n=32)

0%	0	0%
1-25%	20	63%
26-50%	5	16%
51-75%	5	16%
76-99%	1	3%
100%	0	0%
Don't know	1	3%

In the past 12 months, have you participated in clinical research (n=30)?

Yes	20	67%
No	9	30%
Not sure	1	3%

Are you an ASCO member? (n=32)

Yes	8	25%
No	24	75%

Appendix 3: MCTDP Results

Of the 40 attendees, 23 completed an evaluation form (response rate: 58%). Attendees generally spent more than half their practice time with cancer patients and had an average of 17.8 years of experience in their current profession. Eighty-one percent of respondents said that they participate in tumor boards.

Profession	# Respondents to Evaluation	% Respondents
Medical/Clinical Oncologist	5	22%
General Surgeon	4	17%
Surgical Oncologist	3	13%
Radiation Oncologist	2	9%
General nurse	1	4%
Pathologist	1	4%
Radiologist	1	4%
Other	4	17%
No Response	2	9%
Total	**23**	**100%**

Figure 1: Attendees demographics – by profession

Mean	17.8
Median	15
Mode	15
Min	1
Max	40
n	18

Figure 2: Attendees demographics – years in current profession

All respondents said that they intend to make practice changes based on what they learned in the course. These changes were:

- Changes to tumor boards (12)
  - Create a tumor board (5)
  - More frequent meetings (5)
- Increased case presentations (2)
- start MDM to participate in MDM of other hospital
- advocate, stimulate people
- Case presentation style
- Function, regularity, sustainability
- I will use more time for discussion and meeting for patient case with other departments involving patient care
- Presentation style, patient information. Patient will not be at the MDT meeting
- To do more appropriate settings for each and every diagnostic dilemma case
- To do more proper setting/format for cases. Not only problem cases.
- to record format correctly

All respondents said that they were somewhat or very confident they would be able to make changes, with an average rating of 2.50. This was the third MCTDP at which this question was asked; the average for previous courses was 2.71.

The MCTDP appears to have been successful. Seventy-seven percent or more of respondents reported an increase on each of the educational objectives. However, some objectives saw lower than average results.

Educational Objective	On-site evaluation	Average Results from other courses
Understand multidisciplinary cancer management.	91%	91%
Consult with specialists to determine best treatment approaches for their patients.	77%	84%
Establish a tumor board.*	91%	86%
Effectively facilitate a tumor board discussion.	95%	87%

*Comparison data from only two prior courses.

In addition, 18 respondents reported creating an Action Plan during the course. Respondents briefly summarized their Action Plans as follows:

- Create a multidisciplinary team (7)
- We will provide 2 weekly MDT for breast cancer patients with good output of intention of setting the best personalized treatment with proper recording of information (2)
- More organized and effective MDT
- To collaborate with multidisciplinary team
- As the CWH group we discussed about imaging section
- It's a very good stimulating workshop
- Try to do every new breast cancer case in MDT meeting
- try, promote and spiritual minded filled with our work
- We have to know objectives of MDT and expected outcomes as well as d best patient's treatment decision

Overall Meeting	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall, the speakers presented the information clearly.	22	0%	0%	5%	36%	59%
There was enough time for discussion.	22	0%	0%	0%	36%	64%
I learned what I had hoped and expected to learn at this meeting.	22	0%	0%	5%	32%	64%
The small group discussions helped me understand how to apply what I learned in this course.	21	0%	0%	0%	43%	57%

Session	Average Rating	n
Mock tumor board debrief	4.26	19
Mock tumor board exercise	4.21	19

Introduction to Multidisciplinary Teams	4.15	20
Action Planning Exercise	4.05	21
Obstacles to MDT	3.84	19

Appendix 4: Course Agenda

February 17 – Multidisciplinary Care Team Development Day

8:00 – 8:30	Registration	
8:30 – 9:00	Welcome and Introductions	Vanessa Eaton (ASCO), Rolando Camacho (C/Can) & Rai Mra (Chair CEC Yangon)
9:00 – 9:30	Why are we here? Progress Report	Aung Naing So , Thet Ko and Khin Pyone Kyi, Yangon Central Women Hospital (Project Coordinator)
9:30 – 10:30	Introduction to multidisciplinary teams with breast cancer case presentation & role play Mock tumor board Breast Cancer	Moderator: Roberto López Role play: Vanessa Eaton, Faculties All faculties
10:30– 11:00	Coffee Break	
11:00 - 12:00	Debrief – • how to handle problem participants; • how to resolve conflict; • how to provide adequate information needed for effective decision making	Moderator: Roberto López Debrief Scribe: Vanessa Eaton All faculties
12:00- 12:30	Open discussion: *What are some obstacles to multidisciplinary teamwork in your settings?*	
12:30 – 13:30	Lunch	
13:30– 13:35	Introduction Action Planning	Vanessa Eaton
13:35 – 14.05	Action Planning for multidisciplinary teams	Small groups (by institution) All faculties
14:05 – 14:35	Report back Action Planning	Small group leaders All faculties
14:35 – 15:15	Synthesis & future directions of multidisciplinary cancer management in Yangon and discussion	MDT Activity Coordinator, Htun Oo, University of Medicine (1), Yangon
15:15 – 15:30	Coffee Break	
15:30 – 16:00	Project ECHO Program (1)	Vanessa Eaton
16:00 – 16:30	Evaluation & Closing	Vanessa Eaton, Rolando Camacho, Roberto López, Htun Oo All faculties

February 18 – Breast Cancer Day

8:00 – 8:30	Registration	
8:30 – 9:00	Report on breast technical groups. How we get here?	Activity Coordinator (Breast) - Soe Myat Mon, Department of Surgery, Yangon General Hospital
9:00 – 9:30	**RSG for Management of Invasive Breast Cancer (NCCN-BHGI)**	Roberto Lopez
9:30 - 10:15	**Expert panel presentations (just highlights in 5 min each with 3-4 slides)**	- Pathology/ASCP- Jane Brock (video?) - Radiology - Local - PC – Suresh Kumar - Surgery – Roberto Lopez - Systemic treat. – Roselle De Guzman - Radiotherapy – Yavuz Anacak - Nursing – ISNCC- Winnie So (video)
10:15 – 10:30	Coffee Break	
10:35-11:10	**City Guidelines for management of invasive breast cancer (Stage I - II)**	May Thwe Thwe Win, YGH
11:10 – 11:50	**Discussion: Expert panel**	Facilitator: Roberto Lopez
11:50 – 12:30	**Case presentations *** Select 2 breast cancer patients stage I and I	Facilitator: Yavuz Anacak Presenter: May Thwe Thwe Win, YGH
12:30 – 13:45	Lunch	
13:45 – 14:30	**City Guidelines for Management of Invasive Breast Cancer (Stage III - IV)**	Khin Thin Mu, YGH
14:30 – 14:50	**Supportive and Palliative Care on Breast Cancer**	Presenter: Wah Wah Myint Zu, YGH
14:50 – 15:30	**Discussion: Expert panel**	Facilitators: Suresh Kumar
15:30 – 16:00	Coffee Break	
16:00 – 17:00	**Case presentations *** Select 3 breast cancer patient stage III, IV and palliative care patients	Facilitator: Roselle De Guzman Presenter: Khin Thin Mu, YGH
17:00 – 17:15	**Summary of the Day**	ASCO Faculty & Khin Pyone Kyi

** 5 min presentation and 10/15 discussion*

February 19 – Cervical Cancer Day

8:00 – 8:30	Registration	
8:30 – 9:00	Report on cervical cancer technical group. How we get here?	Activity Coordinator (Cervix) - Aye Aye Tint, Department of Gynae-oncology, North Oakkalapa YGH
9:00 – 9:30	**RSG for Management of Invasive Cervical Cancer (ASCO)**	Rolando Camacho
9:30 - 10:15	**Expert panel presentations (just highlights in 5 min each with 3-4 slides)**	- Pathology/ASCP- Jane Brock (video?) - Radiology - Local - P Care – Suresh Kumar - Surgery – Shylasree - Systemic treatment – Roselle de Guzman - Radiotherapy – Yavuz Anacak - Nursing – ISNCC- Winnie So (video)
10:15 – 10:30	Coffee Break	
10:30-11:00	**City Guidelines for management of invasive cervical cancer (Stage I - II)**	Myint Myint Thin, YCWH
11:00 – 11:30	**Discussion: Expert panel**	Facilitator: Shylasree
11:30 – 12:00	**Case presentations*** Select 2 cervical cancer patients stage I & II	Facilitator: Yavuz Anacak Presenter: Myint Myint Thin, YCWH
12:00 – 12:45	**City Guidelines for Management of Invasive Cervical Cancer (Stage III - IV)**	. Mie Mie Thwe, YGH
12:45 – 13:45	Lunch	
13:45 – 14:10	**Supportive and Palliative Care on Cervical Cancer**	Presenter: Wah Wah Myint Zu, YGH
14:10 – 14:50	**Discussion: Expert panel**	Facilitator: Suresh Kumar
14:50 – 15:40	**Case presentations *** Select 3 cervical cancer patients stage III, IV and palliative care patient	Facilitator: Roselle de Guzman Presenter: Mie Mie Thwe, YGH
15:40 – 16:00	Coffee Break	
16:00 – 16:15	**Summary of the Day**	Shylasree & Khin Pyone Kyi
16:15 – 17:00	ECHO project (2)	Vanessa Eaton
17:00 – 17:30	Evaluation and Closing	Vanessa Eaton & Rai Mra

*5 min presentation and 10/15 discussion