

# Multidisciplinary Cancer Management Course

November 1<sup>st</sup> – 3<sup>rd</sup>

# 2018

Course Evaluation Report

Kathmandu, Nepal



## ASCO<sup>®</sup> International

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## Executive Summary

# MCMC Nepal 2018

### Summary:

- Three-day workshop on multidisciplinary care of cervical cancer.
- 148 attendees, primarily gynecologists.
- 37 completed the impact assessment (25 percent of attendees).

### Comments:

- Overall, the results of the impact assessment are positive, but generalizability is limited by the low response rate.
- Palliative care may be an area for consideration for future courses.



## MCMC Outcomes – Six Months Later

78% of respondents said they made practice changes based on what they learned at the course.

75% reported improving how they provide palliative care to patients as a result of attending the course.

81% reported using skills learned at the course to manage cervical cancer or precursor lesions.

32% reported that their participation in tumor boards had increased since attending the course.

89% reported using skills learned at the course to screen patients for cervical cancer.

79% reported implementing or attempting to implement one or more of the ASCO Resource-Stratified Guidelines covered at the course.

92% reported improving how they work with a multidisciplinary team as a result of attending the course.

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





*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 1<sup>st</sup> – 3<sup>rd</sup> 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

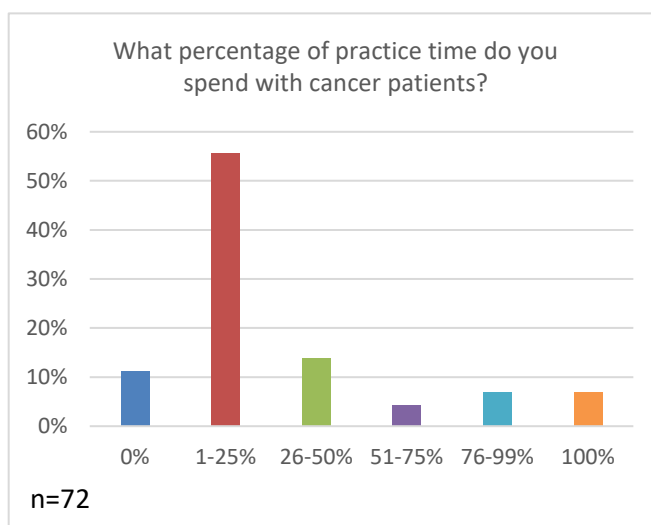
As part of the follow-up for the course, an online survey was sent to participants for whom a valid email address was available (n=90). Thirty-seven recipients responded to the survey, a response rate of 41 percent (25 percent of all course participants).

## Attendee Demographics

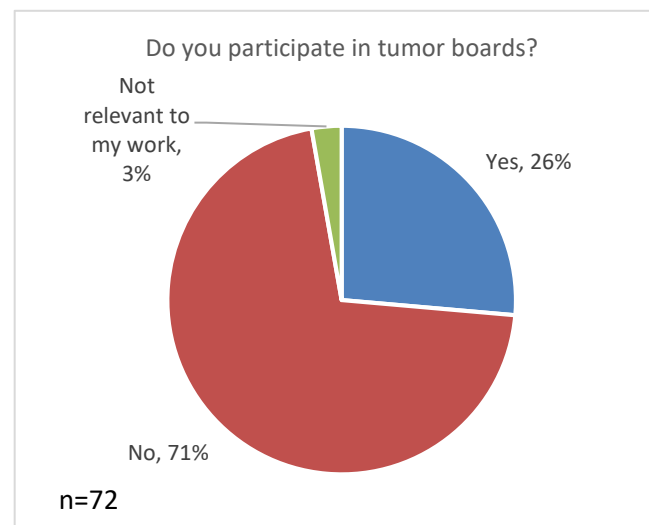
Information about the participants' demographic data was collected through the evaluation form, completed by 74 participants. The majority of respondents were gynecologists; just over one-third of respondents said they practice at a governmental institution. On average, respondents had 6.9 years of experience 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	On-site		Follow-up	
	n	%	n	%
Gynecologist	42	57%	5	14%
Student	9	12%	4	11%
Medical Officer	5	7%	1	3%
Radiation oncologist	4	5%	2	5%
Gynecologic oncologist	3	4%	8	22%
Other	9	12%	7	19%
No Response	2	3%	10	27%
Total	74	100%	37	100%

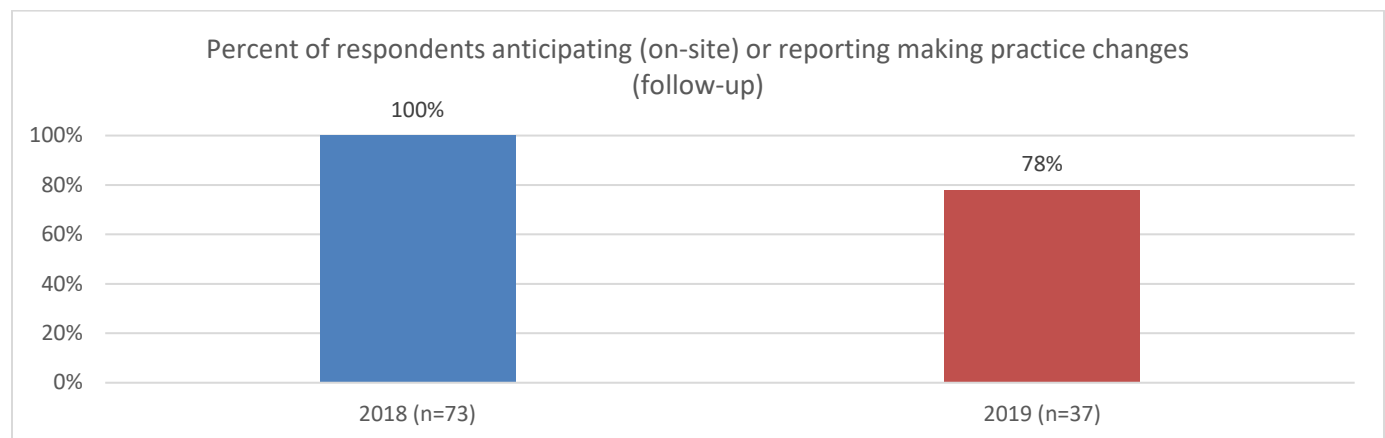


**Figure 2: Majority of respondents spend 25 percent or less of their time working with cancer patients**



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

## Evaluation Results: Practice Changes



### On-site Results

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)

### One-year Impact Assessment

One year later, 32 percent of respondents said that their participation in tumor boards had increased since attending the course; 14 percent said that there were no tumor boards available. In addition, 78 percent of respondents said that they had made a practice changes based on what they learned at the course. These changes include:

- Changes related to management of cervical cancers (10)
- Multidisciplinary approach (7)
- Screening patients for cervical cancer (4)
- HPV vaccination (3)
  - Raising awareness of HPV vaccine (2)
  - Providing HPV vaccination

## Evaluation Results: By Learning Objective

Objectives	MCMC Nepal – On-site	MCMC Nepal – Follow-up	MCMC Average – Follow-up	Practice changes
1. Manage cervical cancer or precursor lesions using up-to-date practices.*	90%	81%	84%	10 respondents reported changes related to management of cervical cancer.
2. Understand multidisciplinary cancer management.	94%	On-site only		
3. Consult with specialists to determine best treatment approaches for their patients.	86%	92%	93%	7 respondents reported using a multidisciplinary approach to care.
4. Provide palliative care to patients.	90%	75%	79%	
5. Provide services to screen for cervical cancer.	88%	89%	N/A	4 respondents reported changes to screening patients for cervical cancer.
6. Understand vaccines and vaccination programs.	87%	On-site only		1 respondent reported providing HPV vaccinations. Two additional respondents reported raising awareness about HPV vaccination.
7. Understand ASCO's Resource-Stratified Guidelines.	96%	On-site only		
8. Implement ASCO's Resource-Stratified Guidelines.	96%	79%**	N/A	

\*Average of two or more items

\*\*23 of 29 respondents reported implementing or trying to implement at least one of the ASCO Resource-Stratified Guidelines; implementation of individual guidelines ranged from 30% (palliative care) to 69% (secondary prevention of cervical cancer).

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## Summary & Conclusions

Thirty-seven people responded to the impact assessment, representing 25 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.

The available data are positive overall, with 78 percent of respondents reported making practice changes based on what they learned at the course. Ten respondents reported changes related to management of cervical cancer. In addition, seven respondents reported changes related to a multidisciplinary approach to care, and four respondents said that they had made changes related to screening patients for cervical cancer. The objectives also had the highest percentage of respondents reporting using or improving skills they learned at the course, ranging from 81 to 92 percent.

The palliative care objective appears to have been less successful than other. No respondents provided examples of practice changes related to palliative care, but 75 percent reported improving palliative care as a result of attending the course. In addition, only 30 percent of respondents to the question said that they had implemented or attempted to implement the Palliative Care in the Global Setting Resource-Stratified Guideline. It is possible that a course focused on palliative care may be beneficial in the future.



## Appendix 1: Impact Assessment Results

In the past six months, have you used skills that you learned at MCMC Nepal to provide:	Yes		No		Total
Services to screen for cervical cancer	89%	31	11%	4	35
Cervical cancer services to patients with precursor lesions	84%	26	16%	5	31
Care to patients with invasive cervical cancer	79%	26	21%	7	33

As a result of attending MCMC Nepal, have you improved how you:	Yes		No		Total
Work with a multidisciplinary team	92%	34	8%	3	37
Provide palliative care to patients	75%	24	25%	8	32

Description of a tumor board: Tumor Boards are defined as meetings held between a diverse group of health care providers to discuss cases and come up with group recommendations for patient management. Since attending MCMC Nepal, my participation in tumor boards has:	Responses	
Increased	32%	12
Decreased	0%	0
Stayed the same	38%	14
I do not participate in tumor boards	16%	6
No tumor boards are available	14%	5

Have you made changes to your work as a result of what you learned at MCMC Nepal?	Responses	
Yes	78%	29
No	22%	8

What changes have you made to your work based on what you learned at MCMC Nepal?
<ul style="list-style-type: none"> <li>• Changes related to management of cervical cancers (10)</li> <li>• Multidisciplinary approach (7)</li> <li>• Screening patients for cervical cancer (4)</li> <li>• HPV vaccination (3)               <ul style="list-style-type: none"> <li>○ Raising awareness of HPV vaccine (2)</li> <li>○ Providing HPV vaccination</li> </ul> </li> <li>• I have spread health education about the technique of VIA for early cancer screening among community people.</li> <li>• To work efficiently in low resource settings</li> <li>• Best</li> <li>• It enhanced my knowledge on cervical lesions and cancers, and after attending this programme, I'm confident that in the near future, if any patient comes to me with such a problem, I'll be able to manage the case confidently.</li> <li>• An understanding of the issues in middle income countries re: cervical cancer. I am a UK doctor who was working in Nepal at the time of the course.</li> </ul>

What has prevented you from making practice changes?	Responses	
I did not learn new information at MCMC Nepal.	14%	1
The materials presented at MCMC Nepal were not relevant to my work.	0%	0
I haven't had an opportunity to apply what I've learned.	57%	4
There were barriers at my institution that did not allow me to make practice changes.	14%	1
Other (please specify) <ul style="list-style-type: none"> <li>We don't have gynae department at our centre. We also don't have radiotherapy. So cases of cervical cancer are rare.</li> </ul>	14%	1

Have you tried to implement or have you implemented any of ASCO's Palliative Care or Cervical Cancer Prevention and Treatment Resource-Stratified Guidelines?	Yes		No		Total
Primary Prevention of Cervical Cancer Resource-Stratified Guideline	66%	19	34%	10	29
Secondary Prevention of Cervical Cancer Resource-Stratified Guideline	69%	20	31%	9	29
Management and Care of Women with Invasive Cervical Cancer Resource-Stratified Guideline	55%	16	45%	13	29
Palliative Care in the Global Setting Resource-Stratified Guideline	30%	8	70%	19	27
Comments: <ul style="list-style-type: none"> <li>MCMC gave more knowledge, got chance to improve working skills very effective.</li> <li>good</li> <li>I work in general hospital. So we refer to other center for palliative care and treatment.</li> <li>I was still undergraduate while participating on MCMC of ASCO. The program was very fruitful and I aim to practice it in the days to come when I graduate.</li> <li>Very useful program...would also like to participate in Similar program regarding ovarian cancer...</li> <li>The workshop was fruitful I hope such to be held more often in Kathmandu especially to give knowledge and competency to doctors so as to improve patient care and treatment.</li> <li>Best</li> </ul>					

What is your profession?	Responses	
Gynecologist	14%	5
Medical/Clinical Oncologist	3%	1
Radiation Oncologist	5%	2
Surgical Oncologist	3%	1
Gynecologic Oncologist	22%	8
Student	11%	4
Other (please specify)	16%	6
No response	27%	10

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

- New skills training (9)
- More trainings (3)
- CME (2)
- Screening practice
- Nurse training
- We need a standard guidelines and protocol
- I work in general hospital where there is no other specialties like Radiotherapy medical oncologist and even separate oncological unit. So this limits me giving complete care or treatment to patients.
- All holistic approach should be improved.
- A detailed counselling to the patient about disease condition.
- Basic oncology setup, a senior oncologist supervision.
- Properly trained gynecology oncologist seems to be lacking not only in my hospital but also in the country...
- Multidisciplinary approach and attitude
- Integrated knowledge
- Attitude towards cancer screening and knowledge about prompt treatment of cancer at curative stage among patients as well as knowledge about evidence-based practice in cancer treatment among Oncologists is needed.
- Research/ clinical trial. Improve surgical skills
- Proper equipment
- Resources seem to be the main limiting factor

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

- Looking forward to see and meet in next meeting
- Waiting forward to participate more MCMC and please inform if any new upcoming conferences and programs anywhere. Thank you very much.
- Echo project is quite helpful to our daily practice. This educational programme should be continued.
- better to have MCMC in the hospital, not in the hotel, focus to the course rather than inviting celebrities, political and media persons.
- Please conduct similar program of ovarian cancer...
- Such courses are very useful in a resource limited country like Nepal and should be conducted in regular basis in future as well.
- Do you offer any observership in cancer care for students.

## Appendix 2: Course Agenda

ASCO International



NEPAL CANCER RELIEF SOCIETY  
नेपाल अर्बुद रोग निवारण संस्था



**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	
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	




NEPAL CANCER RELIEF SOCIETY  
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**Multidisciplinary Cervical Cancer Management Course**  
Cervical Cancer Prevention, Management, & Care  
November 1-3, 2018, Kathmandu

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 <b>Panel</b> 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



**Multidisciplinary Cervical Cancer Management Course**  
Cervical Cancer Prevention, Management, & Care  
November 1-3, 2018, Kathmandu

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 <b>Panel</b> 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





**Multidisciplinary Cervical Cancer Management Course**  
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We thank for their support of this program:



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