



Contribution ID: 269

Type: Poster

Radiotherapy in Peru: shortage and inequities in access and solution proposal

Tuesday, 20 June 2017 10:30 (5 minutes)

Cancer is a health problem in the world and Peru, because of the increased incidence, from 154.5 (estimated GLOBOCAN 2012) to 216.9 (Lima Cancer Registry 2010-2012). Since 2012, the “National Plan for Comprehensive Cancer Care and Improved Access for Oncological Services in Peru”(Plan Esperanza) of Health Ministry offers full coverage of treatment cost by the Seguro Integral de Salud (SIS). The lack of geographical access is shortage and centralization of radiotherapy, with 7 machines in the whole country. It causes treatment delay or abandon due to the long waiting times, high transportation costs, stay, food and laboral absenteeism of the patient and relatives, among other issues.

The purpose of this poster is to propose the decentralization of public radiotherapy in Peru, improving geographic and economic access for cancer patients.

SIS affiliates in the country at September 2016 count 17'497,944. Lima is on first place with 22.5%. The 6 northern and southern regions have 29.7% and 17%, respectively. Jungle regions with only have aerial access, Loreto and Ucayali; represent 4.9 and 2.4% respectively.

According to the IAEA and WHO recommendations, Peru need 52 Megavoltage units(MU), distributed as follows: 11.8 in Lima, 3.6 in Cajamarca, 3.5 in Piura, 3.1 in La Libertad, 2.8 in Cusco, 2.6 in Loreto, 2.5 in Puno, 2.3 in Junin and Ancash, 2.2 in Lambayeque, 2.1 in San Martin, 2.1 in Huanuco, 1.6 in Ayacucho, 1.5 in Arequipa, 1.3 in Callao, 1.2 in Ucayali, 1.1 in Amazonas and Apurimac, 1 in Huancavelica and Ica, 0.5 in Pasco, Tumbes and Tacna, 0.3 in Madre de Dios and Moquegua.

We propose in short time (first phase) to setting up of radiotherapy facilities in the hospitals and to distribute 37 MU in 7 regions grouped considering population, preexistence of other oncological services and land transport facilities: 4 MU in Piura, 4 MU in Lambayeque, 2 MU in Loreto, 3 MU in La Libertad, 12 MU in Lima, 4 MU in Junin, 4 MU in Cusco and 4 MU in Arequipa (see figure). One unit of high dose rate brachytherapy per installation is highly recommended, considering high gynecological cancer incidence.

In the medium-long term (second phase), the facility program should continue and expand to other regions with population demand and availability of the other oncological services (chemotherapy, oncologic surgery), such as Cajamarca, San Martin, Ancash, Puno and others.

Country

Peru

Institution

Ministry of Health

Primary author: GUERRERO-LEON, Paola Carolina (Ministry of Health, Peru)

Co-authors: ALVARADO, Eduardo (Ministry of Health, Peru); SOLIS, Francisco (Ministry of Health, Peru); FERRANDIZ, Jorge (Ministry of Health, Peru)

Presenter: GUERRERO-LEON, Paola Carolina (Ministry of Health, Peru)

Session Classification: Tuesday morning - Poster Presentations - Screen3