

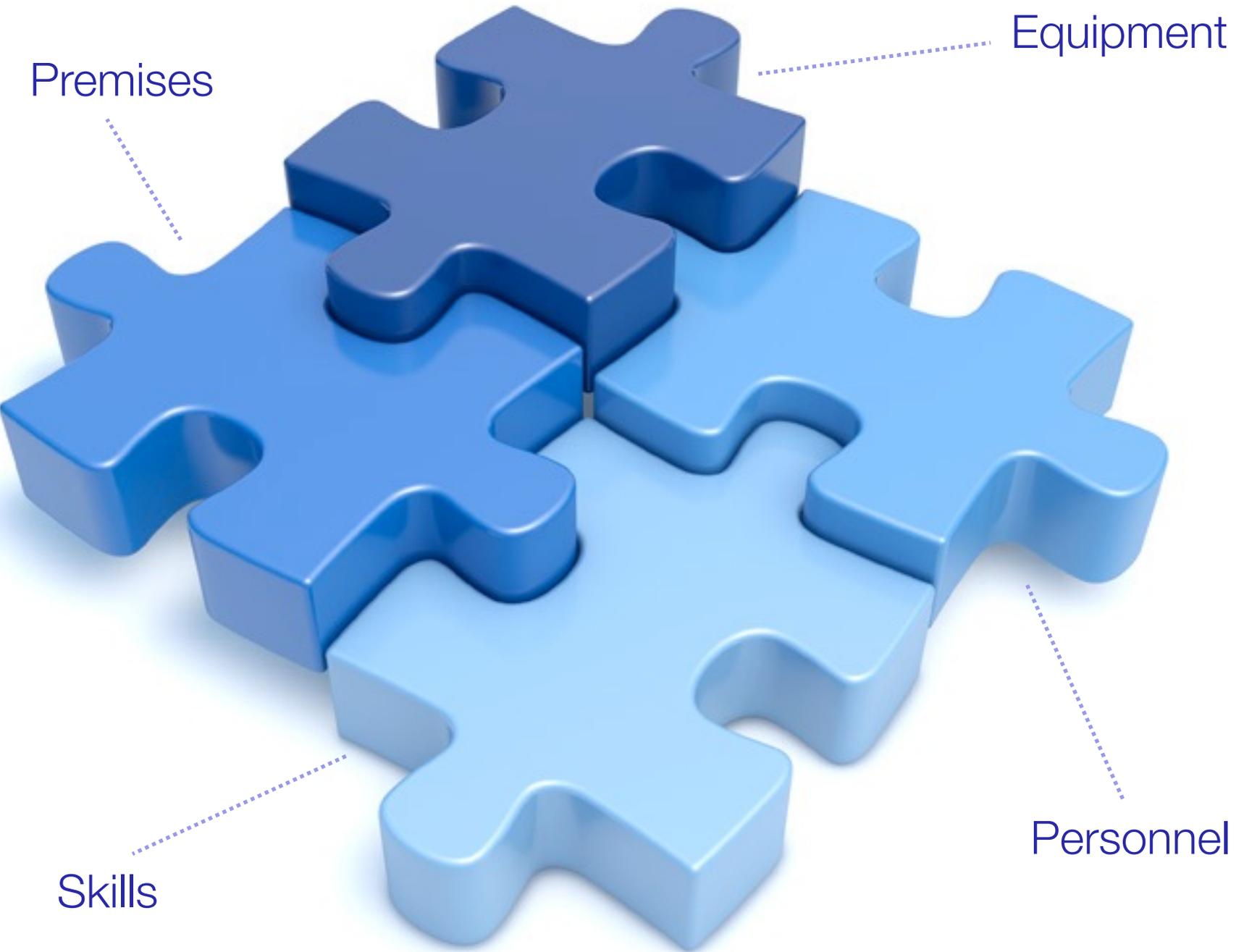
SETTING-UP A TREATMENT UNIT FOR CERVICAL CANCER

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Applied Radiation Biology and Radiotherapy Section
Division of Human health





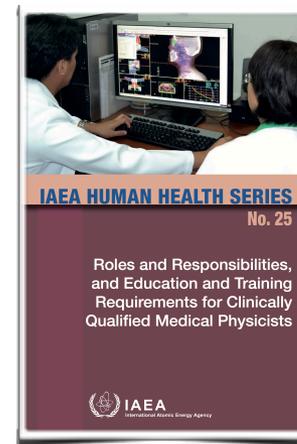
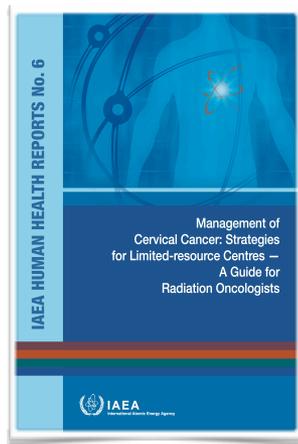
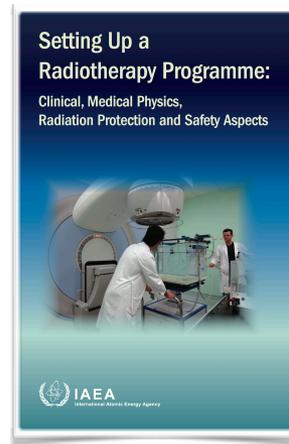
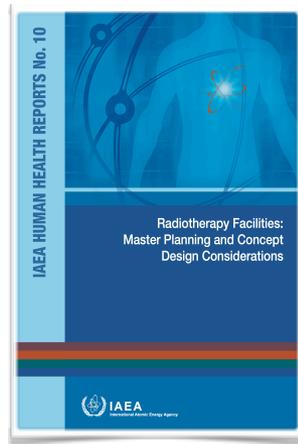
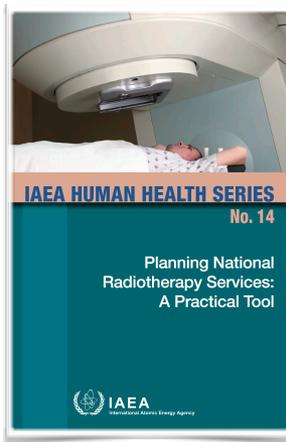


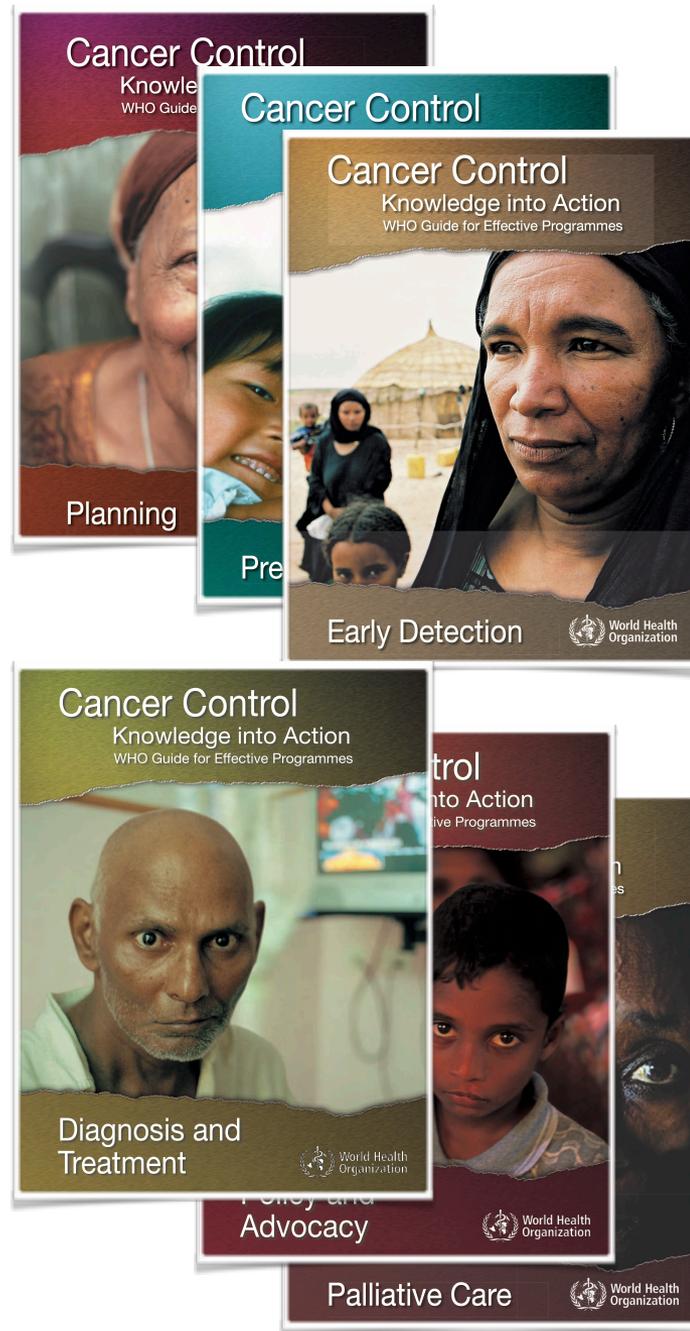
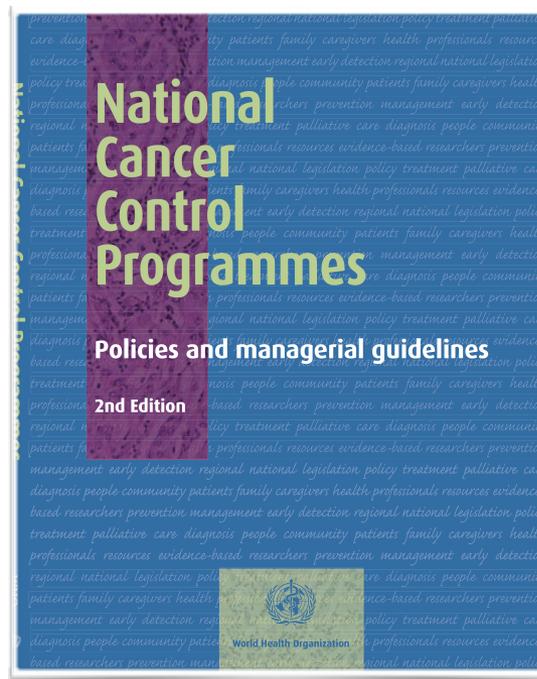
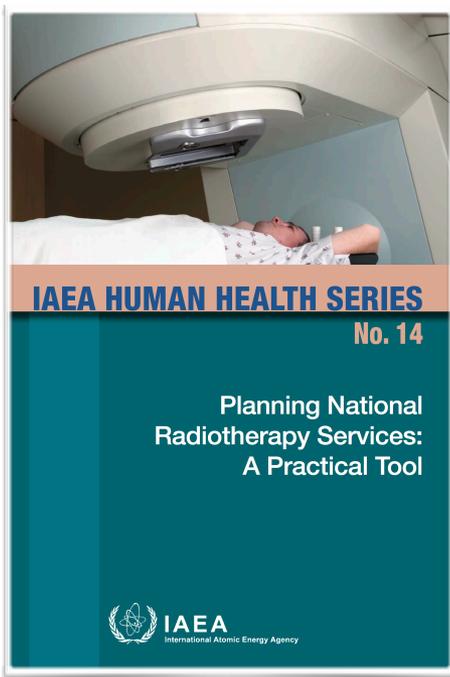
Premises

Equipment

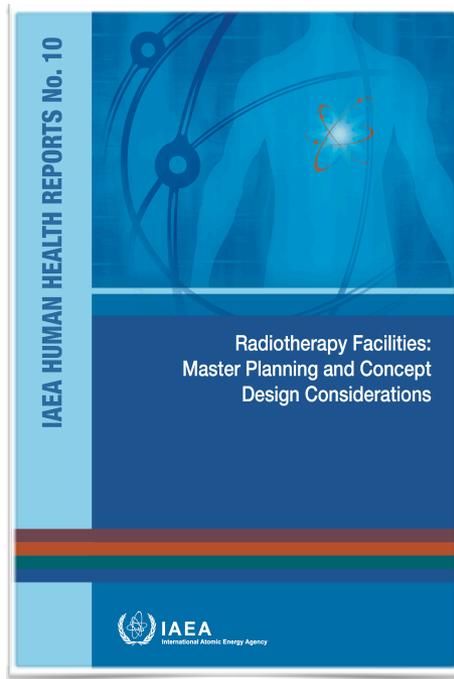
Skills

Personnel





'National Cancer Control Programmes: Policies and Managerial Guidelines', has been recently expanded into a series of separate modules that address planning, prevention, early detection, diagnosis and treatment, palliative care and policy and advocacy. The module on diagnosis and treatment of cancer is especially relevant as it outlines the actions needed to bridge any gaps identified in cancer control in low resource counties. It identifies a prioritization strategy that can be used to provide radiotherapy services, taking into account cost effectiveness, appropriateness of the resource level, affordability and sustainability. This publication aims to fill the gap between planning national cancer control programmes and planning an individual radiotherapy centre.



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This document informs the development of a feasibility study and guides the overall project planning in terms of the key outputs and the timely allocation and mobilization of resources. Similar guidance may be needed when it is desirable to upgrade or expand existing facilities.

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Setting Up a Radiotherapy Programme:

Clinical, Medical Physics,
Radiation Protection and Safety Aspects

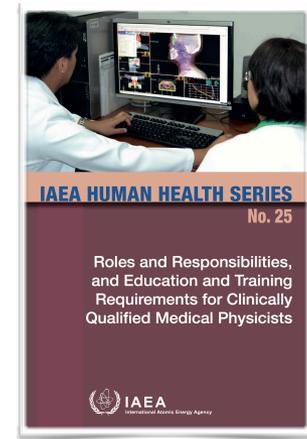
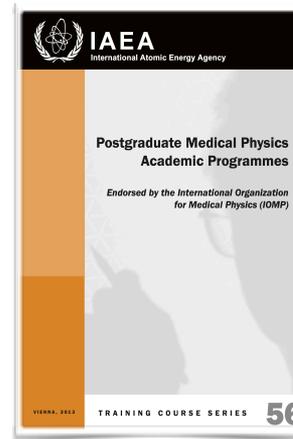
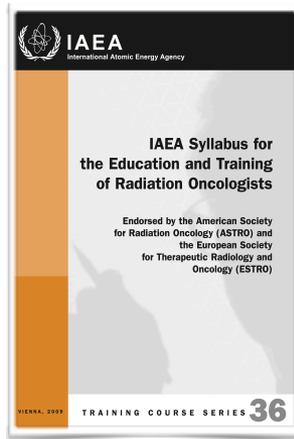
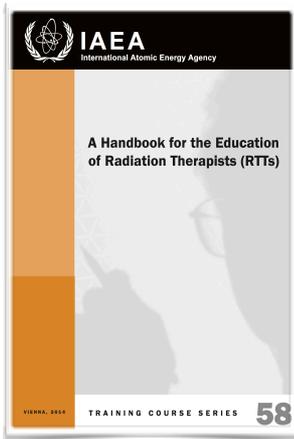
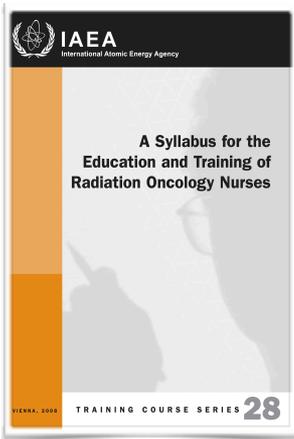
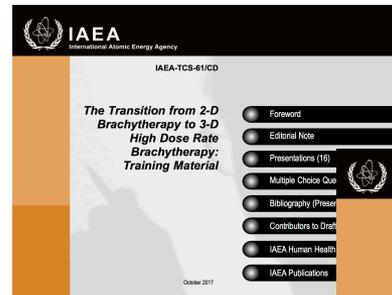
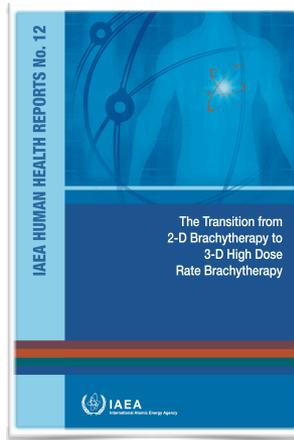
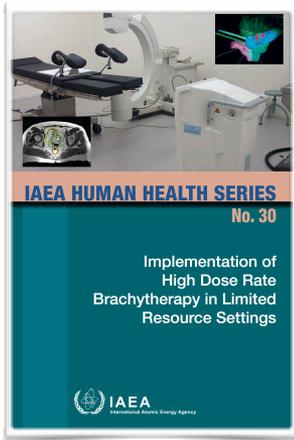
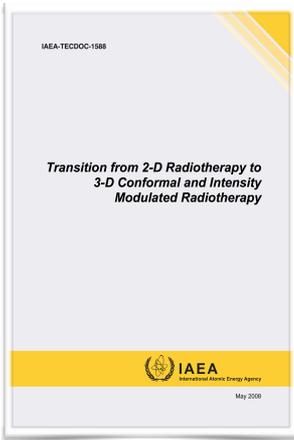
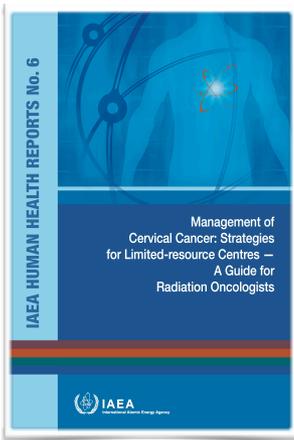


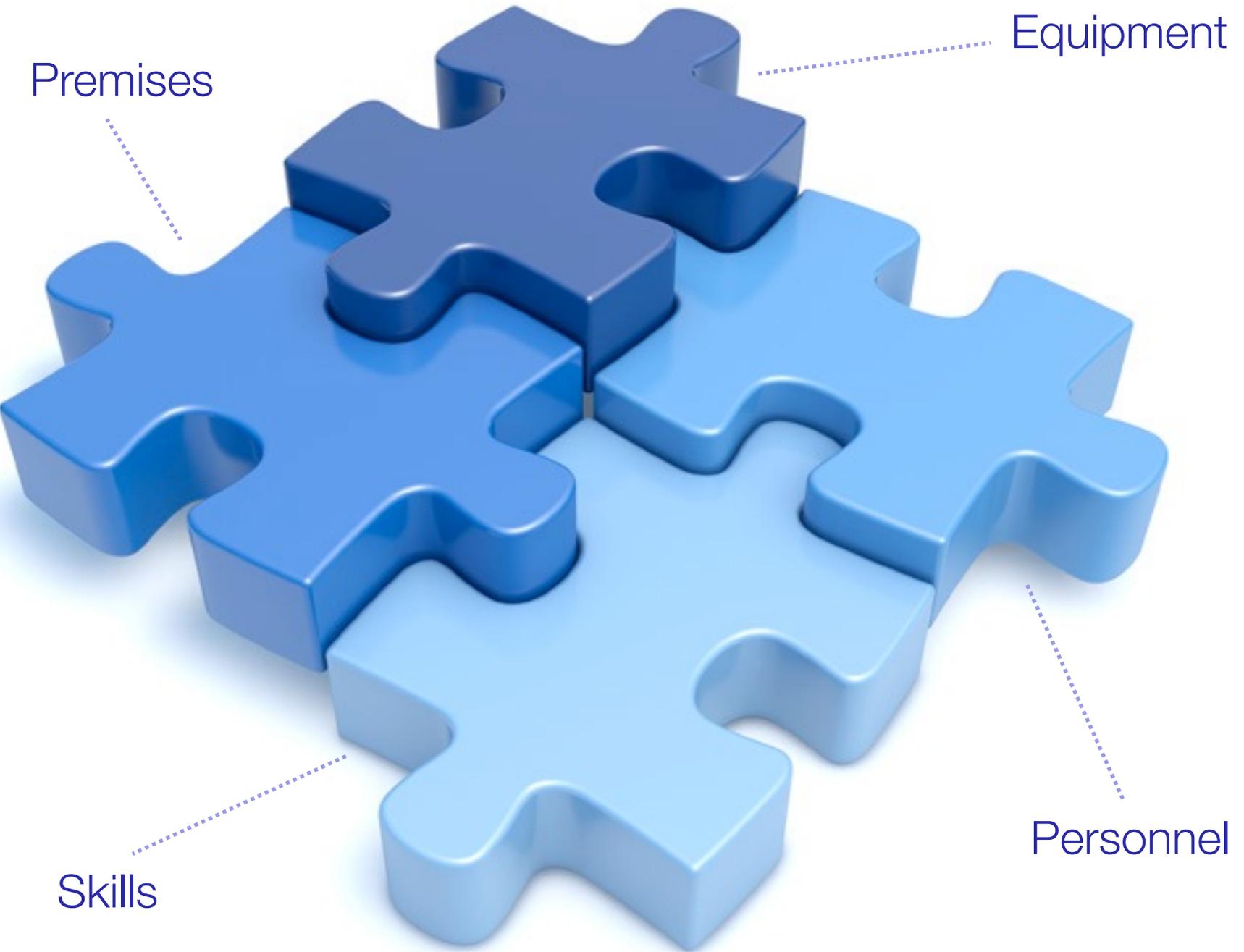
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Clinical, Medical Physics,
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Premises

Equipment

Skills

Personnel

MULTIDISCIPLINARY TEAM WORKING IN ONCOLOGY

WHAT IS BEHIND THE TERM TEAM WORKING?

Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care.



ANALYSIS

Multidisciplinary team working in cancer: what is the evidence?

Cancer care is increasingly delivered by multidisciplinary teams. **Cath Taylor and colleagues** argue that stronger evidence is needed of their effectiveness

Cath Taylor *research fellow*¹, Alastair J Munro *professor of radiation oncology*², Rob Glynne-Jones *consultant clinical oncologist*³, Clive Griffith *consultant breast surgeon*⁴, Paul Trevatt *Macmillan network nurse director*⁵, Michael Richards *national cancer director*⁶, Amanda J Ramirez *professor of liaison psychiatry*⁷

¹King's College London, Florence Nightingale School of Nursing and Midwifery, London SE1 8WA; ²Surgery and Molecular Oncology, Ninewells Hospital, University of Dundee, Dundee DD1 9SY; ³Mount Vernon Cancer Centre, Middlesex HA6 2RN; ⁴Royal Victoria Infirmary, Newcastle upon Tyne NE1 4LP; ⁵North East London Cancer Network, London E1 1BB; ⁶National Cancer Action Team, St Thomas' Hospital, London SE1 7EH; ⁷Cancer Research UK Promoting Early Presentation Group, Adamson Centre, St Thomas' Hospital, London SE1 7EH



- Better team member experience
- Less autocratic practice

Team performance

Clinical decision making

- More EBM recommendations
- Timely treatment



Clinical management

- Improved staging
- Better preoperative treatment
- Improved management

Patient experience

- Better patient experience
- Teamwork improves body site

Clinical results

- Many body sites benefited
- Regional differences disappeared

MULTIDISCIPLINARY TUMOR BOARDS

A PARTICULAR EXERCISE OF MULTIDISCIPLINARY TEAM WORK

Meetings where clinicians present their cases to engage in treatment planning with various physician specialists (e.g., medical, surgical, and radiation oncologists; pathologists; radiologists) and other health professionals (e.g., nurses, psychologists, geneticists) and support personnel.

MULTIDISCIPLINARY TEAMS

COMPOSITION OF THE MULTIDISCIPLINARY TEAMS

TEAM SIZE (WHO recommendations)

- Recommended size is a team of 3-12 members
- A team of 5-7 members is the best
- Small teams (3 or 4 members) work faster and tend to produce results quickly, but there is less diversity
- Teams greater than 7 or 8 members require an expert facilitator and the creation of sub-committees to operate effectively

OVERALL TEAM COMPOSITION

OrganSpec

Surgery

RadOnc

MedOnc

Pathology

Imaging

Social worker

Nurse

PalliativeCare

PsicoOnc

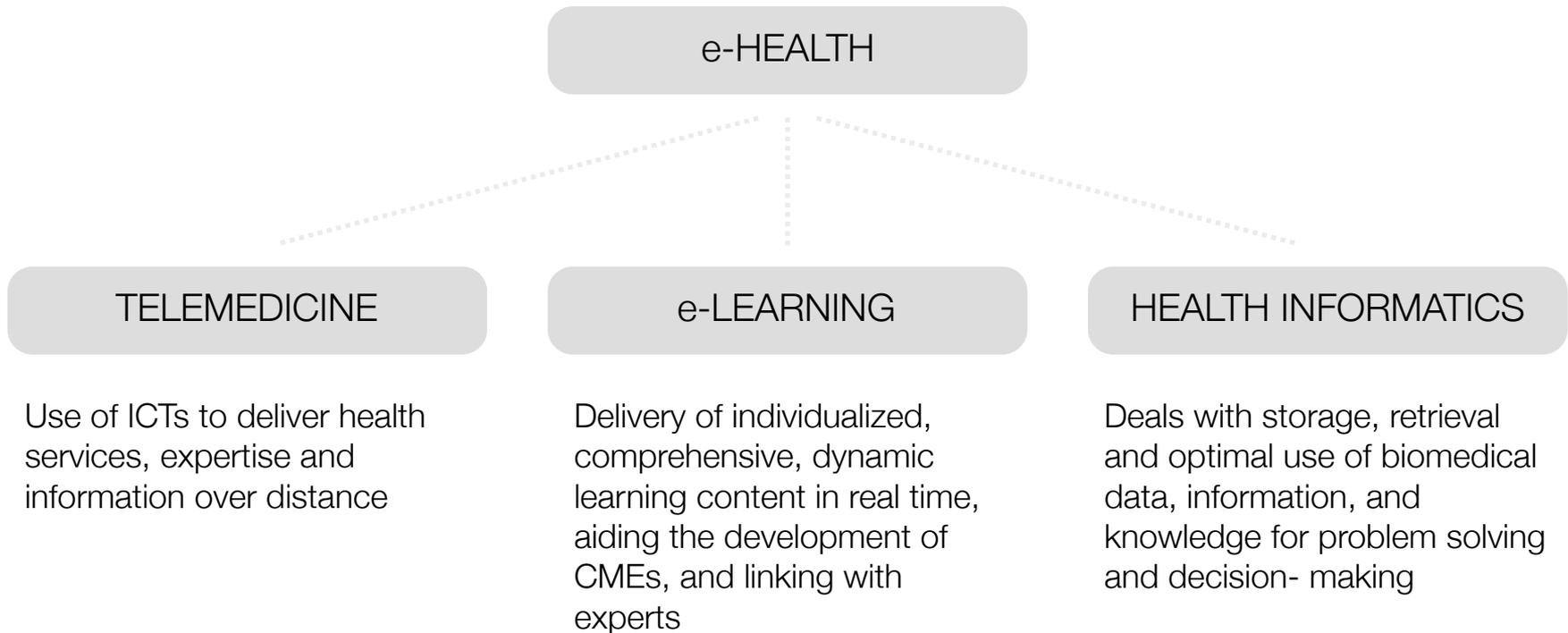
Geneticists

Others

e-HEALTH

CONCEPT AND CLASSIFICATION

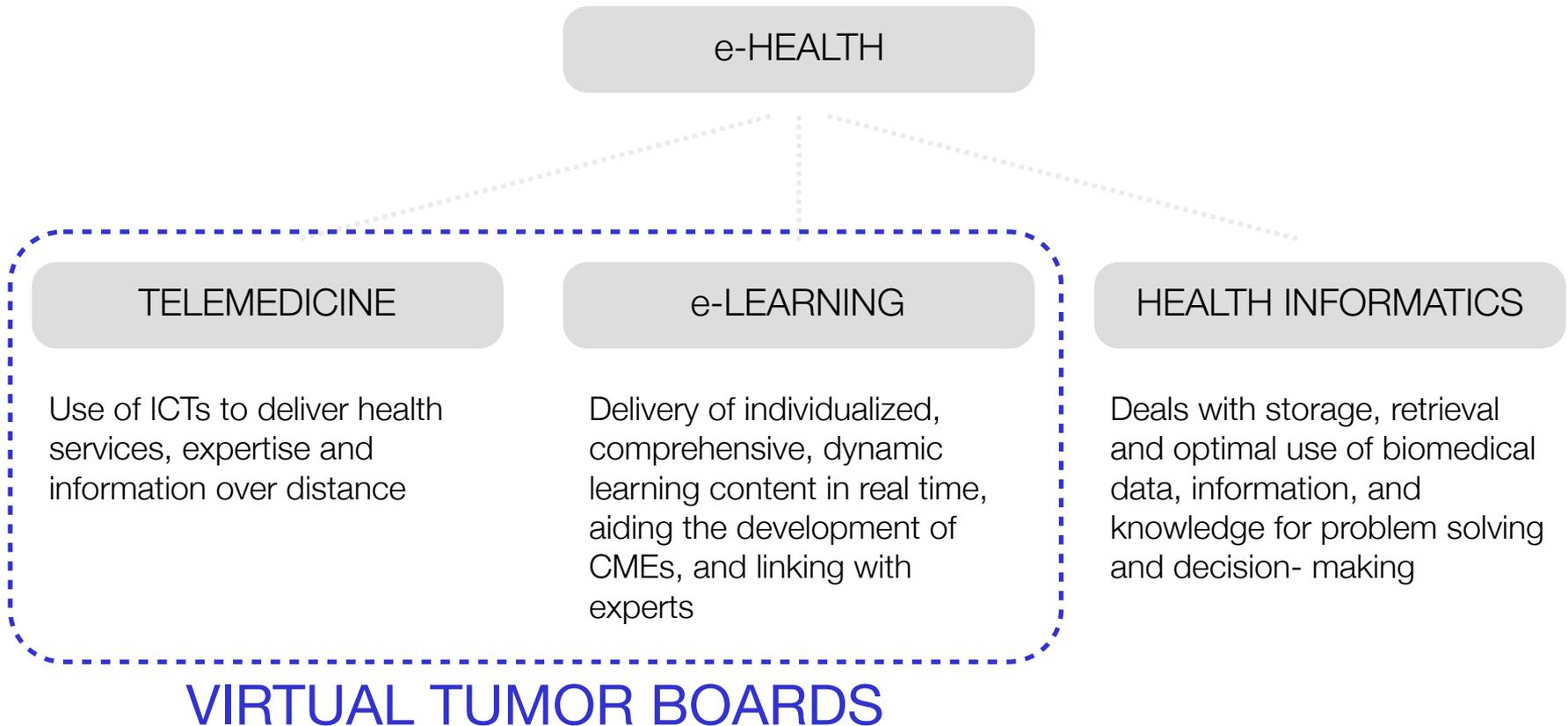
The cost-effective and secure use of ICT in support of health and health-related fields, including healthcare services, health surveillance, health literature, and health education, knowledge and research (WHO-2007)



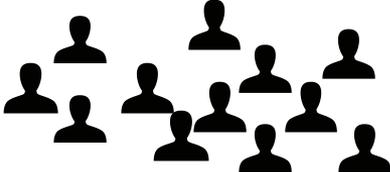
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CONCEPT AND CLASSIFICATION

The cost-effective and secure use of ICT in support of health and health-related fields, including healthcare services, health surveillance, health literature, and health education, knowledge and research (WHO-2007)



PATIENTS



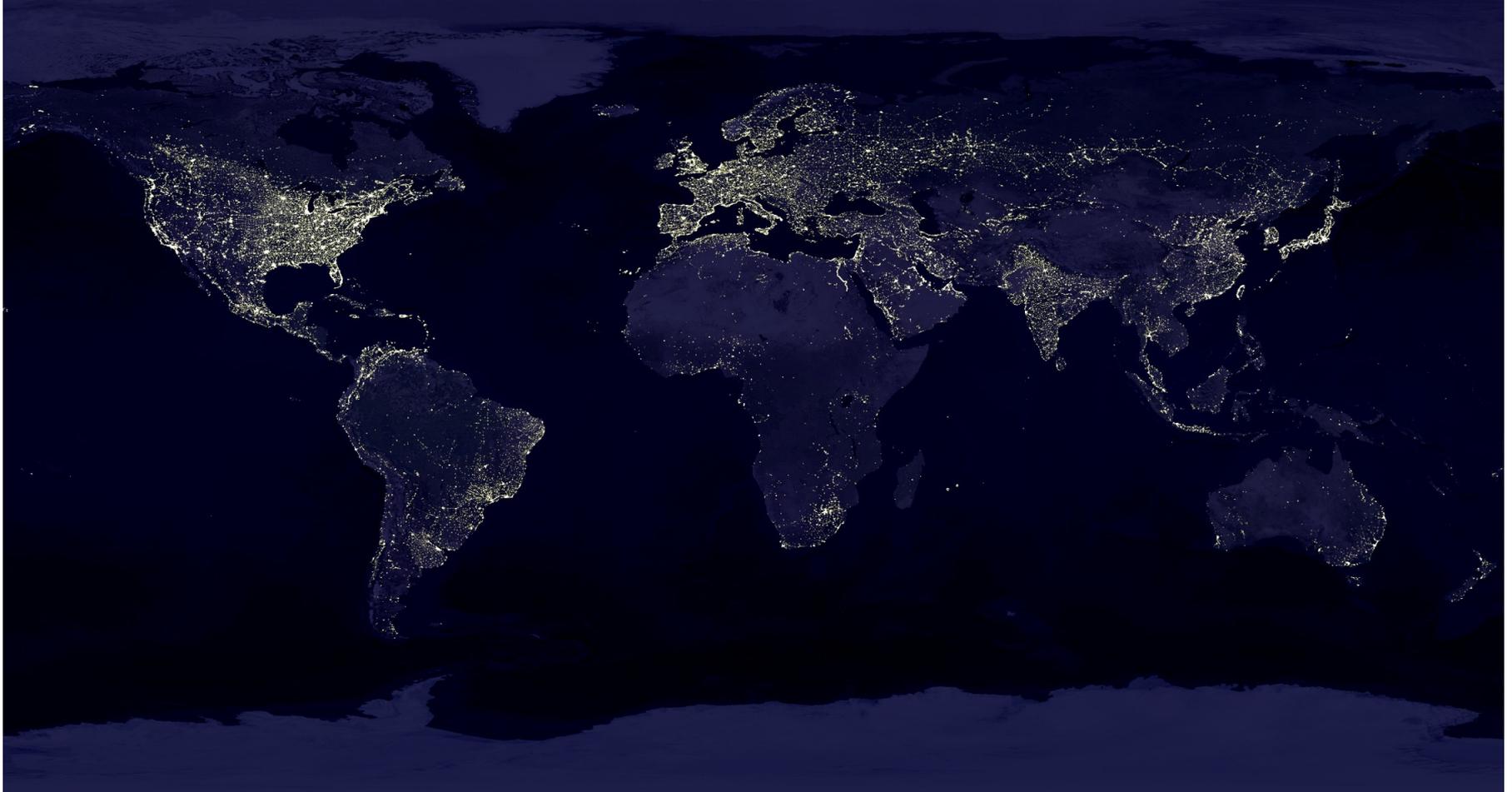
MULTIDISCIPLINARY VIRTUAL TUMOR BOARDS

PATIENT
MANAGEMENT



EDUCATION AND
TRAINING

MULTIDISCIPLINARY VIRTUAL TUMOR BOARDS



Inter-regional VTB potentially streamline and improve quality of cervical cancer care

