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EDITORIAL

Establishment of Surgical Oncology Services at ANTH: Challenges and Outcomes

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Globally, approximately 9.6 million people die from cancer annually, 70% of these fatalities are from middle-income countries and low-income countries. About 1 in 6 fatalities worldwide are currently caused by cancer, and the rate of mortality is rising, especially in low-income countries. Comparing developing world to developed countries, the case fatality rate in low-income countries is higher due to the larger percentage of cancer patients, who are diagnosed with advanced-stage disease.

Cancer treatment is a complicated process that calls for co-operation among specialists with complementary skills who team up to discuss the most recent research and pool their knowledge while regularly communicating with one another. This matter was the subject of an extensive systematic literature review, which found evidence to support earlier detection being linked to earlier stage diagnosis and better survival for breast, colorectal, head and neck, testicular, and, to a lesser extent, pancreatic, prostate, and bladder cancers.

Oncology services in a hospital can be pillared on strategic planning, standardized system of care, dedicated staff and resources, patient education followed by successful management and rehabilitation. Dr. Akbar Niazi Teaching Hospital, although always functional for medical and surgical patients started providing strategic oncology services for last 2 years. Previously, isolated medical oncology team collaborated with the newly budding surgical oncology team. Tumour board is established and is running successfully, because multidisciplinary meetings with strategic planning by specialists from different fields is considered to have pivotal role in complex diseases and when considered for cancer patients. Oncologists, surgeons, radiologists, pathologists, nurses, nuclear medicine specialists, palliative medicine doctors, pharmaceutical experts, and psycho-oncologists are among the professionals who may attend tumor board meetings as members. Although, this idea was less welcoming initially by traditional doctors on multidisciplinary approach but after multiple meetings there was sensitization followed by acceptance on need of holistic approach on cancer care, meeting international standards and world guidelines. Another initiative that remained very successful was the concept of

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one stop cancer care clinics. One-stop Breast Clinic (OSBC) was inaugurated bearing in mind, early diagnosis, rapid staging followed by treatment. Initially, we had a handful of patients that came, who after successful treatment and standardized care, led widespread acceptance of female population in upper Punjab, Kashmir and Northern areas with breast cancer. Today, we have a busy, running clinic with early, locally advanced and metastatic presentation of this cancer with expectant management. Recently, another initiative has been taken and One-stop rectal bleed clinic has been started in order to screen, diagnose and manage both benign and malignant colorectal pathologies.

We had some observations while dealing with cancer patients. Cancer stigma included evaluating the patient's anxiety, humiliation, and embarrassment of announcing cancer diagnosis to their family and community. Lack of transportation and inability to schedule doctor's appointments were barriers to accessing primary care. This made sense in terms of geographical limitations to treatment and availability to diagnostics. Missing right diagnoses were frequently characterized as false reassurances from medical professionals that delayed therapeutic intervention. Patients who were not quickly referred for continued therapy or who were lost to follow-up complying with diagnosis were examples of poorly coordinated care. Lack of health insurance and inability to pay for imaging or subsequent treatment were the main financial obstacles. Finally, social impediments included aversion to opposite-gender examinations (i.e., male physicians performing breast examinations) and obstructive behavior from dominant family members. Akbar Niazi Teaching Hospital has overcome all these barriers with small rational steps.

The World Health Organization (WHO) in 2017 developed the WHO Guide to Cancer Early Diagnosis to encourage the development of early diagnostic initiatives around the world. This will be our next goal when offering our oncology services whilst dividing early cancer diagnosis into three steps: access to care, assessment of the illness, and access for further treatment. A third of cancers can be cured by early identification and treatment, while 40% of cancers are avoidable with the help of modern screening modalities.

During management of complex diseases, we realized the need to establish Enhanced Recovery Team whose aim was to do a phase one; preoperative thorough evaluation of patient, history taking, risk factor identification, physical examination, and health status of the patient. Second phase consisted preoperative optimization with intraoperative care. Final phase formulated was, good postoperative pain care, early feeding and mobilization with early removal of tubes & drains. Patient finally discharged with detailed briefing about home care and follow up. This idea has also gained acceptance with improvising.

Although our aim and targets are sky high for the institute considering international standards with a strong desire to turn our hospital for one of the major regional cancer care centers. The tumor registry is functional, that will not only have impact on patient care but a portal to many upcoming researches and clinical trials. There is a long way ahead with vision, perseverance and big dreams.