

Task Force Group of Medical Oncology for NCCP

INTRODUCTION AND BACKGROUND

India is one of the few countries which has taken the initiative for formulating the National Cancer Control Program. Under this program, many regional cancer centers (RCCs) have been created. Also oncology wings have been started in many of the medical colleges and radiotherapy machines including cobalt and linear accelerators have been given to RCCs, medical colleges and even district hospitals under this program. To stratify and take forward this program in the 11th 5-year plan, ministry of health and family welfare formulated many committees including cancer control, prevention and early detection of cancer, radiation oncology, medical oncology etc. Prof. Vinod Kochupillai was made the coordinator of the medical oncology subgroup. She was requested to call a meeting of the various members to make the strategies for the growth of medical oncology in various cancer centers under NCCP. Meeting was held at IRCH, AIIMS on 21st Jan 2006; it was chaired by Prof. V. Kochupillai and attended by the following members: Dr. A.K. Vaid, Dr. Hemant Malhotra, Dr. Ramesh Nimmagadda, Dr. G.S. Bhattacharya, Dr. P. Parekh and special invitees: Prof. Lalit Kumar and Dr. Sameer Bakhshi. The following members: Prof Mammen Chandy, Dr. Kusuma Kumary, Dr. P.P. Bapsy, Dr. Ramanan, Dr. Pankaj Shah, Dr. Subhash Ranjan and special invitee Dr. Atul Sharma could not attend the meeting.

Current Scenario of Medical Oncology

Medical Oncology is a discipline which deals with the systemic therapy of cancer including chemotherapy, hormonal therapy, targeted therapies, supportive care and bone marrow transplantation. At present medical oncology is in its infancy in the country and of the 25 RCCs, only 5-6 have properly trained medical oncologists. Otherwise in most other centers, it is the non medical oncologists who continue to provide the medical management of cancer without understanding the subject properly.

Limitations and Strengths

The major limitation that is quoted by most centers is the non availability of trained medical oncologists. The major strength in the current scenario is that despite these limitations, some of the RCCs like TMH (Mumbai), Adyar (Chennai), IRCH (AIIMS, New Delhi), Kidwai (Bangalore), RCC (Trivandrum) and GCRI (Ahmedabad) have been able to develop

full fledged medical oncology departments. Some of these centers like TMH and IRCH have successfully established highly technical and demanding expertise in the field of bone marrow transplantation. Further, the above centers have also initiated DM and DNB program (superspeciality training) in medical oncology; at IRCH, even a PhD program in medical oncology has been initiated. The major lacuna as of now is that because of high population in the country, we need to expand the training facilities as also the treatment facilities under the subheading of medical oncology.

OBJECTIVES AND SPECIFIC TARGETS

1. Ensuring therapy for all curable cancers by providing free drugs and reducing costs.
2. Ensuring appropriate administration of chemotherapy by trained medical oncologists only.
3. Increase the strength of medical oncologists by increasing training facilities and increasing awareness among medicine/pediatric residents so as to enhance development of medical oncology departments in the country.
4. Defining an oncology nurse and its role
5. Re-defining the requirement for RCC

STRATEGIES

Strategies for Achieving Objectives

1. Ensuring therapy of treatable cancers

A. Free Drugs for pediatric and other curable cancers

As the outcome of pediatric cancers is very good with high cure rates, free drugs should be provided for the treatment of all children with cancer so that no child with cancer is denied treatment for lack of funds. Further some of the adult cancers with high cure rates should also be provided free drugs, and these include lymphomas, germ cell tumors, choriocarcinoma and chemotherapy in adjuvant setting. NCCP should keep aside certain funds for this purpose and depending upon the need of a center such funds ought to be provided so that no curable cancer patient is sent home without treatment.

B. Reducing cost and generating funds for chemotherapy

Cancer chemotherapy drugs should be exempted from excise/custom duty so as reduce the cost. Government and pharmaceutical industry partnership as also government and NGO partnership should be encouraged for having free drugs and generating funds.

2. Who should administer chemotherapy

Only trained medical oncologist should be allowed to administer cancer chemotherapy. A medical oncologist is a doctor who has MD Medicine/Pediatrics or equivalent degree following which has DM Medical Oncology or equivalent degree or at least 2 years of training in a recognized medical oncology department.

In centers where medical oncologists are not available, doctors possessing MD Medicine/Pediatrics degree or equivalent with at least one year training in medical oncology department can administer chemotherapy.

3. Enhancing Strength of Medical Oncologist

A. Creation of Medical Oncology Departments

At present, the country is training 20-25 Medical Oncologists every year; this figure needs to go up to 100 per year. This is required in order to deal with the existing cancer load of approximately 17 lakh patients needing chemotherapy, which is projected to increase by 40% over the next 5 years. Thus, medical oncology departments need to be created in RCCs and medical colleges. The minimum requirement of a medical oncology department in a RCC should include medical oncologists, senior residents, oncology nurses and laboratory staff. Further, a medical oncology department/unit should be created in all the medical colleges of the country over the next few years which is run by a trained medical oncologist.

B. Enhancing training in medical oncology

This can be done by encouraging each RCC and other medical oncology departments to train at least 1-2 medical oncologists per year.

C. Creating awareness among MD Medicine/Pediatric Residents

All medical oncology departments should conduct at least one CME per year. Further, in order to increase the awareness of cancer therapy, a resident undergoing training in medicine or pediatrics should have rotation for at least 3-6 months in the department of medical oncology.

4. Role of nurses in chemotherapy

An oncology nurse is a nurse who after basic nursing degree has acquired training for one year in oncology with at least 6/12 months in medical oncology department. Blood collection and intravenous cancer chemotherapy can be given by oncology nurses, however, procedures such as lumbar punctures and bone marrow aspirations and biopsy to be done only by doctors.

5. Re-defining Requirement for RCC

It should be mandatory for a RCC to have a medical oncology department **run by a trained medical oncologist**. The existing RCCs which fail to get a medical oncologist in the next 2 years should Not be given the status of a RCC.

ACTION PLAN

Ideal Situation and outline for next 5 years

Over the next 5 years our action plan should include the following:

1. To have trained medical oncologist in each and every RCC and oncology wings.
2. Once we achieve availability of medical oncologist in RCC and medical wings, each medical oncology department should initiate DM/DNB program so as to generate trained medical oncologist from their respective centers (minimum requirement should be 1-2 every year).
3. Keep aside funds to the tune of 5-10 crore for each center for development of infrastructure for creation of medical oncology departments and for the therapy of treatable cancers.
4. Train oncology nurses in each of the centers so as to give more responsibility to nurses including blood sampling and administration of intravenous chemotherapies.

Agencies/ mechanisms to carry out action plan and funding sources

A. Role of NCCP in setting up medical oncology departments

In order to set up medical oncology departments in RCC and medical colleges, NCCP should help in providing the infrastructure, medical oncology equipments (which includes cell counters, cell separators, infusion pumps, ventilators, monitors, defibrillators, anticancer and supportive drugs) and staff salaries for at least 3 years following which the department should make arrangements to absorb the cost from their respective institutes.

B. Role of NCCP in Cancer Clinical Trials and Research

NCCP should encourage participation of patients in clinical trials in order to improve the existing scientific knowledge. Efforts should be made to promote research in need based areas of cancer research and trials which promote use of cost effective drugs. Further, NCCP should provide funds to ICMR earmarked for cancer trials. All clinical trials using cancer systemic chemotherapy should have a trained medical oncologist as principal investigator. Scientific research on methods/molecules in holistic management of cancer should be encouraged.

C. We should encourage the participation of NGOs and corporate world for funding for therapy. This can be done by organizing fund raising functions/runs etc and further can be discussed by having a meeting with them.

Time Line for Proposed Activities

1. With 25-30 medical oncologists coming out every year, one should ensure presence of trained medical oncologist by the end of 2 years in the 20 odd RCCs who do not have a medical oncologist.
2. By 5 years, we should have 150 medical oncologists of whom atleast half can be assumed to be setting up medical oncology wings/departments in 70 odd medical colleges.