

2022

# GONCO LUBANGO



## INTERIM REPORT - AUG. 2022

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# ACRONYMS AND ABBREVIATIONS

**AICSO:** Associação de Investigação de Cuidados de Suporte em Oncologia (Portuguese nonprofit association dedicated to research and supportive care in cancer) [www.aicso.pt](http://www.aicso.pt)

**IACC:** Instituto Angola de Controlo do Câncer (Cancer Control Institute of Angola)

**ISPEL:** Instituto Politécnico Evangélico do Lubango (a higher education institution at Lubango, with multiple healthcare courses)

**LCH:** Lubango Central Hospital

**LMICs:** Low-Middle Income Countries

**PALOP:** Portuguese acronym meaning Portuguese Speaking African Countries [www.grupodeoncologiapalop.com](http://www.grupodeoncologiapalop.com)

**RWD:** Real World Data



# THE GONCO INITIATIVE

**GONCO INITIATIVE** IS A PORTUGUESE GLOBAL ONCOLOGY INITIATIVE, THAT AIMS TO WORK WITH INSTITUTIONS OR DEPARTMENTS IN RESOURCE CONSTRAINED COUNTRIES, THAT ARE ON THE VERGE OF STARTING OR SIGNIFICANTLY DEVELOPING **CANCER CARE**.



**GONCO initiative** was born from the passion of two Portuguese medical oncologists for Global Oncology. After working in the field of resource constrained healthcare and oncology in Portuguese speaking African countries, Telma Costa and Ivo Julião dedicated a year of their lives to create and develop GONCO initiative. The lessons learned from previous projects and the belief in real resource and vision adaptation are the major drivers for this project.

To achieve their goals, they challenged AICSO (Associação de Investigação de Cuidados de Suporte em Oncologia), a Portuguese non profit association in the area of oncology, to help us shape GONCO. During this process, GONCO also joined efforts with the PALOP School of Oncology, a multinational group of professionals from various Portuguese Speaking African countries, who have been making significant developments in Oncology, especially in education.

GONCO initiative also counts with the background support of a multidisciplinary group of Portuguese Oncology professionals, that will hopefully also join the team on the ground in the near future.

Our work starts by creating a strong partnership with local teams and adapting to local needs and vision. We then establish an intensive educational program and work to develop cancer care by focusing on the tailored development of policy, guidelines, problem solving and research.

For 2022, GONCO plans to work with different hospitals in 3 different locations:

- Lubango, Angola
- São Vicente, Cape Verde
- Dili, Timor-Leste

The work on-the-ground has already begun in Lubango and it is accomplished initially by Ivo Julião and Telma Costa, the coordinators of GONCO initiative.

# WHY LUBANGO?



## BACKGROUND

In the south of Angola, there are no Oncology departments, nor other institutions of any kind dedicated to the treatment of cancer patients. The Lubango Central Hospital (LCH), in the Huíla region, is responsible for diagnosing and staging most of the cancer patients. However, treatment options are limited to surgery in some cases or to the referral to the only cancer center in the country, the Cancer Control Institute of Angola (IACC), in the capital city, Luanda. Still, this is far and expensive, limiting the access to healthcare even further. Currently, the LCH is building and developing the first Oncology Unit of the Huíla region, aiming to improve the journey of cancer patients. Local cancer registry started in 2022, with the support of the International Agency for Research on Cancer (IARC), and the Pathology department is also developing with the support of foreign and national partners. GONCO initiative joined all these efforts to help #CloseTheCareGap in this area.



# PROJECT SUMMARY

**GONCO initiative** built an inaugural project model that best adapts to teams that are working with GONCO for the first time and that are on the verge of starting or significantly developing cancer care. This **GONCO Project** was designed as a **3-step program** as described in the next figure. When its goals are achieved, or if a partner institutions is in a different level of cancer care, a new project may be devised.

We started the first GONCO project in Lubango and called it *LUBANGO\_01*. As the the unity grows and gains more skills, GONCO will develop *LUBANGO\_02*. This will be focused on more advanced cancer care, namely through complex treatment options and patient management.



## STEP 1: DIGITAL PREPARATION

During the month of April 2022, GONCO regularly e-met with the General Director of the LCH, **Prof. Maria Lina Antunes**. We also developed different surveys for healthcare professionals, to better characterize LCH, the local cancer setting and its available resources. These activities helped us understand the local reality, to adapt our own resources and to better plan / prepare GONCO's following step, step 2, that would take place on-the-ground.

During Step 1, we also e-met with the local **OncoTeam** that is dedicated to the development of the unit, and that was selected to liase and work with GONCO initiative:

- **Arminda Sambundo**, oncology nurse
- **Celeste Muteca**, MD, general surgery resident
- **Cristina Cangoma**, MD, general surgery resident
- **Eliane Azevedo**, regional cancer registry coordinator
- **Madalena Benga**, oncology nurse
- **Milton Munene**, oncology nurse



## STEP 2: ON-THE-GROUND

### ANGOLA

ARRIVAL DATE: 29 APR 2022

DEPARTURE DATE: 31 MAY 2022



### LUANDA

During step 2, we spent 4 weeks in Lubango (from 2 May to 29 May) and a few days in Luanda.

This report will focus essentially on the activities developed in Lubango, mainly the Oncology Course and the work developed with the OncoTeam.

However, while in **Luanda**, we had the chance to visit 2 of the most relevant oncology centers in the country: Instituto Angolano de Controlo do Câncer (IACC) and Clínica da Sagrada Esperança. The first one is the largest cancer centre in Angola. It is a public centre, dedicated exclusively to the management of cancer patients, including pediatrics.

The other one is a private clinic, currently on the foreground of oncology care.

GONCO also met with the President of the Angolan College of Medical Oncology, Dr. Paulo Salamanca, with whom we discussed different topics:

- the importance of decentralizing Oncology care;
- the relevance of differentiating and capacitating local healthcare professionals
- resource adaptation and main priorities in national oncology;
- development of local research
- interaction with different stakeholders.



# STEP 2: ON-THE-GROUND

## LUBANGO



DURING OUR STAY IN **LUBANGO**, WE WERE ABLE TO TAKE ACTIONS IN DIFFERENT FIELDS. EACH OF THEM WILL BE FURTHER EXPLAINED IN THIS REPORT.

**LUBANGO\_01**  
Step 2: On-the-Ground

Course: Introduction to Oncology

**Problem Solving**

**Policy**

**Research  
Real World Data**

**Community  
Involvement  
&  
Stakeholders  
Engagement**





## COURSE - INTRODUCTION TO ONCOLOGY

### TARGET AUDIENCE:

Healthcare professionals interested in Oncology and who may have contact with cancer patients during their clinical activities.

The course had 22 attendees:

- 18 medical doctors (from 8 different specialties and institutions)
- 3 nurses
- 1 regional cancer registry coordinator

### OBJECTIVES:

- Increase awareness to cancer care and its different pathways
- Gain and improve basic knowledge in oncology
- Standardize the use of concepts and definitions in oncology

### FINAL EXAM:

60 multiple choice questions (2H):

- 100% approval (defined as a final score  $\geq 50\%$ )
- Median Score: 73%
- Min Score: 53%
- Max Score: 90%

TOPIC	LECTURER	HOURS
ONCOLOGY BASICS	Telma Costa, Medical Oncologist	6H
PRINCIPLES OF CANCER SURGERY	Lúcio Lara Santos, Oncology Surgeon	1H
ONCOLOGIC EMERGENCIES	Ivo Julião, Medical Oncologist	1H
SUPPORTIVE CARE	Anabela Amarelo, Oncology Nurse	1H30
PALLIATIVE CARE	Ricardo Fernandes, Palliativist and Internal Medicine	2H
DRUGS IN ONCOLOGY	Joana Silva, Oncology Nurse Telma Costa, Medical Oncologist	1H30
BREAST CANCER	Paulo Salamanca, Medical Oncologist	3H30
CERVICAL CANCER	Irina Jacinto, Oncology Surgeon (Senology & Gynecology) Ivo Julião, Medical Oncologist	3H30
PROSTATE CANCER	João Pereira, Urologist Alina Rosinha, Medical Oncologist Carolina Ferreira, Radioncologist	2H
SKIN CANCER IN THE AFRICAN SETTING	Ivo Julião, Medical Oncologist	1H30
PEDIATRIC ONCOLOGY (for pediatricians and optional for non-pediatricians)	Faizana Amad, Oncology Pediatrician	3H30
REVIEW (Q&A)	Ivo Julião, Medical Oncologist Telma Costa, Medical Oncologist	0H30
TOTAL		24H (+3H30 optional)

Half of the topics were delivered virtually (mostly live streaming), with our support *in loco*.

Attendees were stimulated to actively participate in the discussion of different topics.

## EVALUATION OF THE COURSE:

After the final exam, the attendees completed a survey to evaluate the quality of the course, considering the form, content and the performance of the lecturers.

There was also space for comments and suggestions, that we try to summarize:

Average Scores from 0-10	
Motivation for Oncology before the course	8.21
Motivation for Oncology after the course	9.74
Perceived knowledge in Oncology before the course	4.84
Perceived knowledge in Oncology after the course	7.42
Usefulness of the course for daily practice	9.21

Average Score of  
the course (0-10):

**9.47**

23% had already attended some specific training in Oncology.

**All of the participants considered that they have learned something new with this course.**

"IT WAS GREAT! PLEASE COME  
BACK FOR REVIEWS AND  
UPDATES."

"THE COURSE SHOULD  
BE OPEN TO MORE  
STUDENTS"

"WHEN YOU COME FOR A NEXT  
COURSE, PLEASE EXPLORE THE  
TOPICS EVEN FURTHER AND  
WITH A MORE PRACTICAL  
APPROACH"

"AVOID VIRTUAL CLASSES"

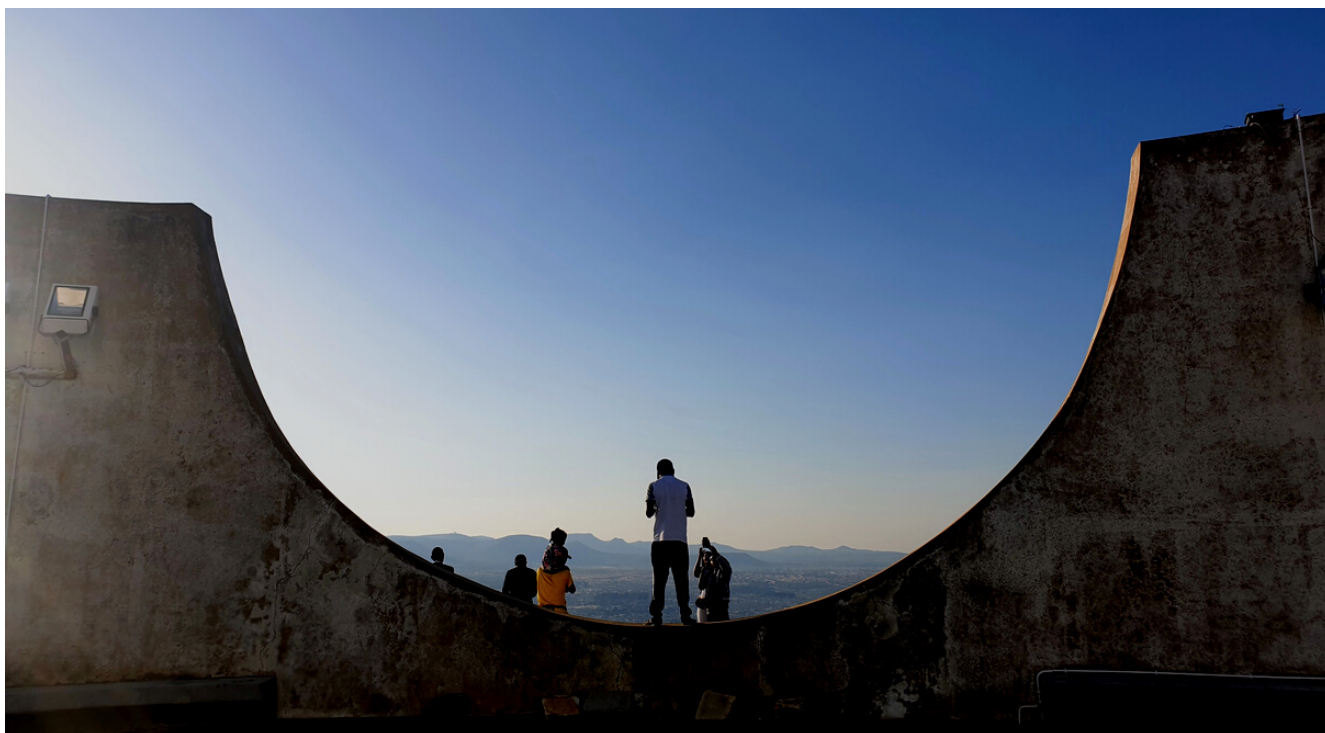
"CONGRATS FOR THIS INITIATIVE THAT HELPS  
AFRICAN HEALTHCARE PROFESSIONALS TO  
FIGHT CANCER. WITHOUT KNOWLEDGE IT IS  
IMPOSSIBLE TO PREVENT AND TREAT CANCER"

"THANK YOU!"

"LECTURERS WERE VERY WELL  
PREPARED AND HIGHLY  
MOTIVATED"

"(...) IT WOKE THE PASSION FOR  
ONCOLOGY IN ME AND THE  
PLEASURE FOR THE CARE OF  
CANCER PATIENTS."





## PROBLEM SOLVING & POLICY

The step 2 of the 2022 GONCO project defines the establishment of 3 independent working groups (policy, problem solving and real-world data research). However, since this Oncology Unit was at its very beginning, and not yet managing patients, we soon realized that it was better to constitute a single group. This gave us the possibility of working with all of the members at the same time, bringing more skills and work capacity for addressing larger issues regarding the creation of an Oncology Unit. In a near future, after the start of advanced clinical activities in the Unit, we aim to split the *OncoTeam* into the 3 groups, as originally intended.

The Oncology Unit opened to out-patient care after our arrival. Together, we defined the aims of the Unit, using a tier approach, to assure its sustainability. The first level (Lubango\_01) will focus on the diagnosis, staging, multidisciplinary discussion and supportive care. Medical treatments and follow-up will be part of a next level (Lubango\_02), since the Oncology Day Hospital is planned to open by the end of 2022.

**WORKING WITH SMALL, BUT  
HIGHLY MOTIVATED TEAMS CAN  
ACHIEVE MORE AND BETTER**

## PROTOCOLS AND PATHWAYS

### PATIENT NAVIGATION

We widely discussed the design of patient navigation protocols and established the following comprehensive flowcharts:

- Referral and access to the Oncology Unit
- Navigation inside the Unit
- Referral to other Departments or Hospitals
- Referral and access to the Multidisciplinary Tumour Board

### DIAGNOSIS AND STAGING PROTOCOLS

The Hospital Board defined which were the 4 main cancers to be addressed in the initial development of Oncology care in the region. Following this, the *OncoTeam* designed the adapted protocols for diagnosis and staging of:

- Breast Cancer
- Cervical Cancer
- Prostate Cancer
- Skin Cancer (Non-Melanoma)
- General approach to other Cancer Types

All the protocols were discussed and reviewed by the medical specialties that are relevant for each cancer, namely Gynecology (Lubango Maternity), Dermatology, Urology, Surgery, Pathology and Radiology.





## MULTIDISCIPLINARY TUMOUR BOARD (MTB)

Multidisciplinary discussion is a cornerstone of Oncology practice. It assures the quality of cancer care and improves outcomes. It also increases the satisfaction and confidence of healthcare workers, while contributing for the continuous update of knowledge in the field. In Angola, MTB discussions only used to happen in Luanda.

We challenged the Lubango Central Hospital to create and implement the first MTB of the region.

For that, we started by bringing different professionals together, from different institutions, all whom with a clear goal: to help improve the lives of cancer patients.

We created pathways for referral to the MTB, using specific forms and also the MTB final report form for each patient.

Finally, the first MTB took place on the 23rd of May 2022, at the Lubango Central Hospital. It is now taking place weekly, with the e-presence of a Medical Oncologist from the IACC.



Core Members		On Call		External Consultancy (Invited)	
Oncology Surgery, Lubango Maternity	Irina Jacinto, MD	Pathology, LCH	José Luís Milanés, MD	Medical Oncology, GONCO (Portugal)	Ivo Julião, MD (e-meeting)
Medical Oncology, IACC (Luanda)	Paulo Salamanca, MD (e-meeting)	Radiology, LCH	Alzira Costa, MD	Medical Oncology, GONCO and CHVNG/E (Portugal)	Telma Costa, MD (e-meeting)
Oncology Unit, LCH	Celeste Muteca, MD Cristina Cangoma, MD Eliane Azevedo, Health Information Technician Arminda Sambundo, RN Madalena Benga, RN Milton Munene, RN	All other specialties		Surgery, Escola Oncologia PALOP and IPO-Porto (Portugal)	Lúcio Lara Santos, MD, PhD (e-meeting)

THE MULTIDISCIPLINARY TUMOUR BOARD IS A LANDMARK OF MODERN ONCOLOGY AND A QUALITY STANDARD IN CANCER CARE.

# RESEARCH - REAL WORLD DATA



The motivation for research should be one of the first things to develop when building an Oncology unit. Moreover, in this starting phase, it is best that research is based in real world evidence, with possible meaningful impact in the field and in the community. This kind of research enables, in most cases, a more effective and quality driven cycle of implementation, evaluation and remodeling.

We opted to start research in 4 priority areas: breast cancer, cervical cancer, prostate cancer and skin cancer in albinism carriers. Additionally, since General Surgery and Pathology are paramount for the development of Oncology, they also became the focus of real-world data and research.

For this, the *OncoTeam* built several research protocols using a long-lasting framework, that enables the repeated evaluation or RWD in the following years. The working group contacted the departments and units traditionally responsible for the management of these patients and invited them to develop, with our help, several retrospective case series in their areas of interest.

Moreover, all the departments of the hospital were eager to get involved, specially because the healthcare community understands that oncology care is currently an important gap in the growing capabilities of the Lubango Central Hospital. As a surprise, and inspired by this groundbreaking development in Oncology, the Neurology specialist, Dr. Julcileia de Carvalho came forward with the interest of also designing, with our help, one more RWD research project. It aims to retrospectively evaluate Central Nervous System cancers in the institution.

All retrospective protocols were compiled and the final project synopsis was discussed and revised by all of the elements involved. The final document was submitted to the national ethics committee for evaluation and the research team is just waiting for their approval to start working and collecting data.

**GONCO HELPED TO DEVELOP  
8 RETROSPECTIVE  
RESEARCH PROTOCOLS**



# ONCOLOGY EDUCATION AT THE UNIVERSITY

**HIGHER EDUCATION INSTITUTION:** ISPEL (INSTITUTO POLITÉCNICO EVANGÉLICO DO LUBANGO)

**COURSES:** NURSING, NUTRITION, PHARMACY, MEDICAL LAB TECHNICIAN

**2 LECTURES ABOUT ONCOLOGY**



During our stay in Lubango, we were invited to be the main lecturers in 2 sessions about the basics of Oncology for undergraduates in several healthcare courses. We discussed oncogenesis, cancer epidemiology, risk factors and prevention, treatment modalities and survivorship.

There were about 400 students and 12 teachers attending this event and it was a very interactive session.

At the end, our presence was recognized with a small but heartfelt ceremony, and a certificate of merit signed by the General Director of the School, Prof. Dr. Eugenio Guli, and the Head of the Department, Prof Madalena Mbaco.

**CANCER AWARENESS AND  
BASIC ONCOLOGY SHOULD  
BE TAUGHT FROM THE VERY  
BEGINNING OF ANY HEALTH  
RELATED COURSE**

# NEXT STEPS

As explained previously, we defined a plan for the development of the Oncology Unit using a multi-tier approach in order to guarantee its sustainability, as proposed by the Board of the LCH.

The first level (Lubango\_01) is focused on diagnosis, staging, multidisciplinary discussion and supportive care. Below, we'll describe the following steps for this level.

The next level (Lubango\_02) will focus on systemic treatments and follow-up, after the inauguration of the Oncology Day Hospital.

## LUBANGO\_01 STEP 3: SUPPORT AND FOLLOW-UP

The GONCO team continues to work virtually with the *OncoTeam*:

- participation in the weekly Multidisciplinary Tumour Board meeting;
- weekly meetings with the *OncoTeam* to discuss Problem Solving strategies and Policy issues and to follow-up implemented measures;
- regular meetings with the *OncoTeam*, to continue research efforts.

These meetings are sometimes difficult to carry out and manage, mainly because of internet connection issues, shortage of time and progressive loss of motivation. It is very challenging to keep distant support and specially high motivation while presenting only a few measurable short-time gains. However, both teams are being able to overcome difficulties by maintaining the main objective of this project alive and by promoting healthy teamwork strategies.

## LUBANGO\_02 STEP 1: PLANNING

The Lubango Central Hospital is planning to build an Oncology Day Hospital with the capacity to prepare and deliver systemic treatments like chemotherapy. This is an ambitious but very important step.

Taking this challenges into consideration and also the dire need of technical skills and education, The Lubango Central Hospital already expressed its commitment and desire to continue working with GONCO initiative in the future. Therefore, GONCO is planning a follow-up on-the-ground in Lubango.



# PATRONS AND SUPPORTERS



THIS PROJECT WAS ONLY POSSIBLE WITH THE HELP AND GOOD WILL OF OUR FRIENDS, PATRONS AND SUPPORTERS.

WE RECOGNIZE AND ACKNOWLEDGE ALL OF THEM.

ON BEHALF OF ALL THE CANCER PATIENTS THAT YOU ARE HELPING,  
**THANK YOU VERY MUCH!**



We also have to thank **Juliana Teixeira** (head of products in Timor-Leste) and **Daniel Cabezas Lopez** (senior designer consultant) for all the support with branding, visual identity and social media planning.



GONCO is an initiative of AICSO.

Follow GONCO initiative!

