

## BACKGROUND

In Uganda, 6,959 women are newly diagnosed with cervical cancer annually, and 4,607 die from this disease. The high case fatality rate of 66% is in partly due to the geographic scarcity of radiotherapy treatment facilities limiting access to radical treatment. Between 1995 - 2016, Uganda had one cobalt-60 external beam radiotherapy machine located in Kampala. This one machine was able treat about 400 cancer patients each year by running 22 hours a day. Despite such efforts, a large number of patients were left untreated. In 2016, this sole radiotherapy machine broke down, leaving the country with no radiotherapy capacity for 20 months.

This prompted various stakeholders such as Road to Care (RTC), Uganda Cancer Institute (UCI), Ministry of Health (MOH) and Hospice Africa Uganda (HAU) to develop an initiative where a number of cancer patients were referred to the Aga Khan University Hospital, Nairobi, Kenya for chemoradiation. RTC funded and supported a cohort of 35 stage II cervical cancer patients for treatment under this initiative. Alas, thousands of women with potentially curable cervical cancer were not part of this cohort. Since 2018, the UCI has acquired 3 external beam treatment machines (1 linear accelerator, 2 cobalt-60) and a cobalt-HDR brachytherapy unit. They have also increased the numbers of their technical staff (radiation oncologists, therapists and physicists). This development has tremendously increased the number of treated patients from about 30 to 150 patients per month. This has also translated into many more cervical cancer patients for RTC to support. Road to Care is a Canadian charity that addresses the geographic disparities to radiotherapy access by creating a funded care pathway for curable cervical cancer patients living outside Kampala by arranging all necessary baseline investigations and providing transport, accommodation, a subsistence allowance and covering all treatment related costs.

## METHODS

The RTC pathway functions in collaboration with multiple partners (UCI, HAU, Kigezi Healthcare Foundation (KIHEFO). HAU and KIHEFO facilitate the work up of patients, provides pretreatment education, and refers patients to the UCI which administers treatment - concurrent chemotherapy and external beam radiotherapy and brachytherapy. This treatment usually requires patients to stay in Kampala for two months. Enabling one patient through the Road to Care pathway costs 470 Canadian dollars.

RTC relies on a multisectoral approach. Most patients are enrolled through free screening services provided by regional hospitals. Biopsies obtained from women with suspicious lesions are sent by RTC to private laboratories for histology. For all confirmed cervical cancer cases, HAU facilitates staging to be done at local hospitals. Women with early-stage (II-III) cancer receive facilitation to go to UCI for chemoradiation.

One long standing challenge for these patients seeking chemoradiation at UCI has been the lack of accommodation facilities; chemoradiation has been modeled as an outpatient services with no space reserved to accommodate these patients at UCI. Without accommodations, many patients have no other choice but to stay outdoors throughout treatment. In response to this need and the growing capacity of UCI, RTC now runs two radiotherapy hostels near UCI, that host 40 patients and their caregivers at a time.



Figure 1: Road to Care’s second radiotherapy hostel



Figure 2: Hospice Africa Uganda patients supported by Road to Care

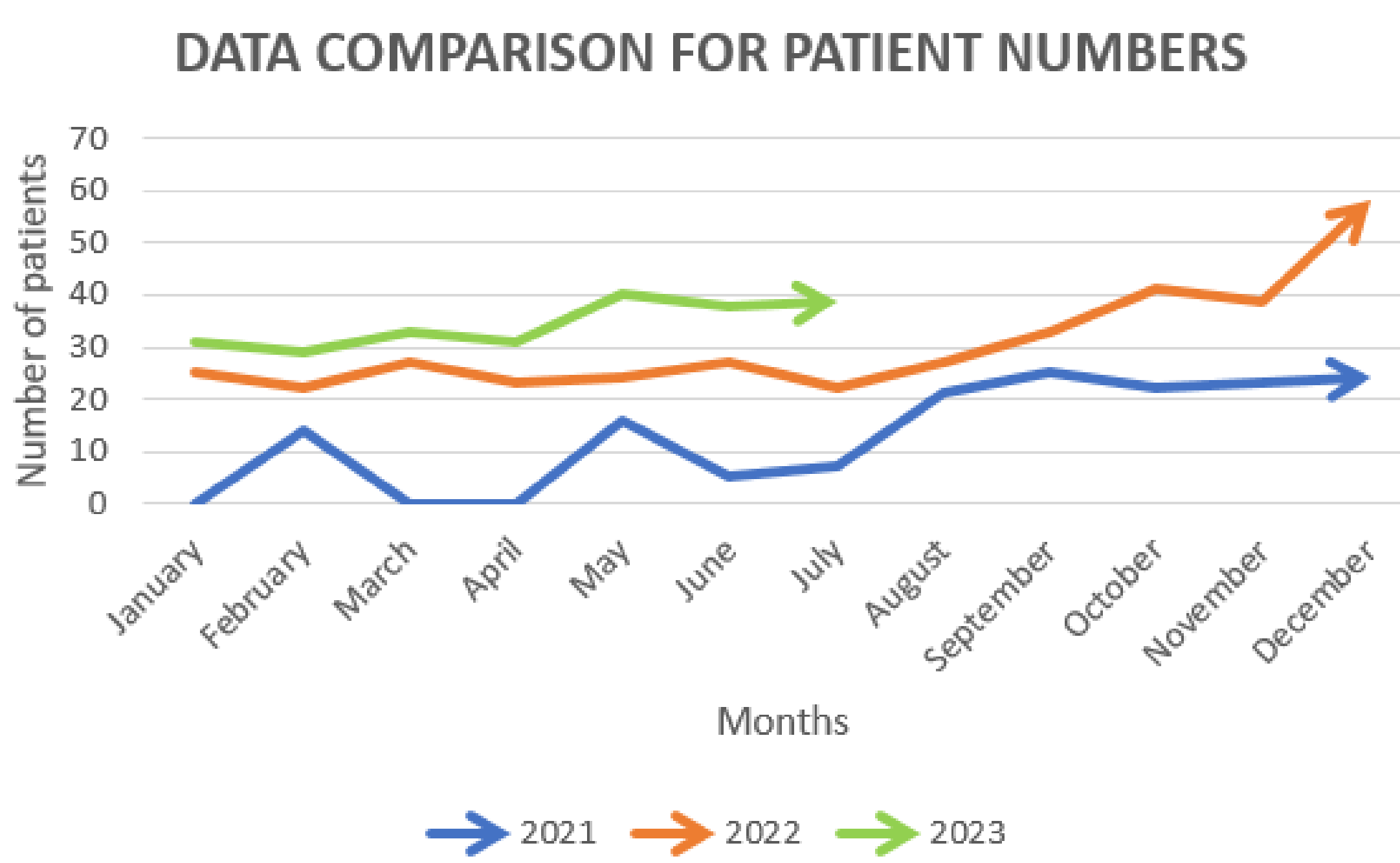


Figure 3: Increasing number of Road to Care patients each year

## RESULTS

With the scaling up of radiotherapy services in Uganda, Road to Care has also had to scale up services in order to meet demand for accommodations. From January 2021 to date, the RTC program has registered 775 beneficiaries. Interprofessional and interorganizational collaboration is required when scaling up radiotherapy services to ensure that geographic and socio-economic disparities to access are addressed.