



Health Technology and Training Task Group (HTTTG)

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Workshop on Palliative Radiotherapy for Developing Countries

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Consensus

- Some 80% of cancer patients in the developing world present with incurable stage 4 cancer. However, the fraction of cancer patients that do not present is unknown.
- Opiates are not generally available for pain relief in Vietnam.
- Radiotherapy is a cost-effective means of reducing pain and improving quality of life.
- The availability of palliative therapy is grossly inadequate in Vietnam.
- Co60 and 6 MV linac photon sources provide similar and adequate dose-depth distributions for palliative radiotherapy.
- Co60 has important operational and cost saving advantages for developing countries.
- The annual running costs for low complexity palliative radiotherapy are a small fraction of those for complex curative radiotherapy.
- Palliative care centers can be upgraded for curative applications.

Recommendations

- Provincial hospitals should set up palliative care centers.
- These centers should offer multidisciplinary support and opiates as required.
- Telemedicine should be introduced between provincial and city hospitals first, then with district hospitals and health stations.
- Low complexity radiotherapy should be offered initially to the palliative care centers.
- Co60 sources are the preferred source for palliative radiotherapy in rural areas.
- The palliative care centers should also become centers for breast and cervical cancer screening.
- The palliative care centers should also screen for curative cancer patients, for whom treatment would be indicated at the city hospitals.
- In the longer run, palliative care centers should evolve to provide curative treatment care closer to home.
- Research into the further development of telemedicine and low cost bioimpedance tomography should be encouraged.