



Pacific CEED Local Project Promising Practices & Progress Report Form

Project Name/Title: Creation of Cancer Screening Standards for the Republic of the Marshall Islands (RMI)

Project Date/Duration:
Nov 2009 - Sept 2010

Jurisdiction/Island/Village:
Republic of the Marshall Islands

Audience Reached:

Immediate: The Republic of the Marshall Islands (RMI) Ministry of Health and the local health care providers who have not had any set standards in terms of cancer screening for breast, cervical and colorectal cancer for the Marshallese people. Stakeholders, who will recognize, appreciate, and partake in the cancer-related activities in the country.

- Physicians
- Registered and Licensed Nurses (Public Health & Clinical)
- Key program administrators
- 177 Healthcare Program

Immediate & Long-term: The people, including key stakeholders, of the Marshall Islands will benefit because there are now clear standards for screening that can be used across the country. The standards reach all women over the age of 20 and men over 30. However, if cancer is detected and treated early, then everyone will benefit. Using the same principals and process in establishing cancer screening standards, the RMI Ad Hoc Experts Committee can develop standards for cancer prevention, diagnosis, treatment, and palliative care. Key stakeholders:

- Women United Together for the Marshall Islands (WUTMI)
- Kora In Jela Lale Ejmour (KIJLE)
- Youth to Youth in Health (YTYIH)
- Majuro Atoll Local Government (MALGov)
- Faith Based Organizations (FBOs)
- Health Assistant Trainees
- Majuro/Ebeye Cancer Coalitions
- Cancer Survivor Groups
- RMI Environmental Protection Agency
- General Public

Contact Name/Info:

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RMI National Comprehensive Cancer Control Program

Dr. Marie Lanwi-Paul
Chief of Staff
Majuro Hospital
Chairperson
Kumiti Cancer Coalition



Members of the RMI Experts Ad Hoc Committee, other healthcare providers and the Pacific CEED TA team met for two full days discussing RMI Cancer Standards



RMI Experts Ad Hoc Committee discussing cancer standards recommendations with community stakeholders

Participants Quotes:

“For years, there were no uniform cancer screening guidelines between the main bureaus of the Ministry. These meetings finally served us in establishing national standards that are evidence-based and very applicable which can be used by every sector involved in cancer control.”

Dr. Richard Trinidad
Medical Director
Kwajalein Atoll Healthcare Services
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History/Background:

The mission and vision of the RMI National Comprehensive Cancer Program include “decreasing the incidence of cancer by encouraging prevention programs and early detection through appropriate screening and medical services,” and ensuring “innovative framework for early detection and prevention are established and provided.” The commitment of the RMI NCCCP is to “minimize the impact of cancer, thereby improving the quality of life for the communities of the Marshall Islands” and to be the preeminent cancer health services provider in the RMI” (Republic of the Marshall Islands National Comprehensive Cancer Control Plan 2007-2012). In this plan, Secretary Justina R. Langidrik states that “cancer prevention and screening for early detection are key priorities of the Marshall Islands Ministry of Health’ National Comprehensive Cancer Control Plan because they are the most effective long-term strategies to reduce the general burden of cancer, minimize the cost of cancer treatment, and most importantly, alleviate human suffering.”

Cancer has consistently been one of the top five leading causes of death in the RMI. Between

2002-2006, breast, cervical, and colon cancer have been among the top five reported cancers in the RMI. It was with this knowledge and understanding the limited financial and medical resources that the creation of cancer screening standards for the Marshall Islands was undertaken.

It was during the Pacific CEED technical assistance visit in May 2010 that the lack of cancer early detection standards or guidelines was identified as a gap. There was confusion among health care workers, community stakeholders, and the community as a whole resulting from the varied screening recommendations by many international medical professional organizations that was not consistent among the local healthcare providers.

The Federated States of Micronesia (FSM) completed their “National Standards of Practice for Breast and Cervical Cancer Prevention, Early Detection, Diagnosis, Treatment and Palliative Care” in September 2008. These cancer standards and the process to establish these standards were used as guidelines in establishing the cancer standards for the RMI. However, the RMI Experts Ad Hoc Committee decided to focus on the screening standards and implementation guidelines and not cover the whole spectrum of cancer care at this time. Based on RMI national statistics, cancer screening standards were developed for breast, cervical, and colorectal cancer. Standards for other types of cancer will be developed later after the establishment of standards for the three aforementioned common cancers in RMI. Standards will need to be developed for the areas of prevention, diagnosis, treatment, and palliative care by the RMI Experts Ad Hoc Committee using the same process and principles they used to establish the cancer screening standards.

The RMI Experts Ad Hoc Committee was appointed prior to the August 2010 visit. It consists of local healthcare providers of the various medical specialties working in the RMI (OB/GYN, Surgery, Family Medicine, Internal Medicine, Radiology, Pediatrics, Public Health, and Pathology). The committee met three times prior to the August 2010 visit to identify their roles as a committee and to review the various international medical professional organizations’ cancer standards and their applicability and cost-effectiveness to the Marshall Islands. Members of the Experts Ad Hoc Committee did their research in their various fields of expertise, reviewed RMI national cancer data, and prepared to discuss the many different cancer guidelines and recommendations. Thus, at the end of the visit the establishment of the cancer screening standards for breast, cervical, and colorectal cancer for the Marshall Islands were appropriate to the country.

Goal and Objectives:

The overall goal was to create uniform standards for screening for breast, cervical and colorectal cancer for the Marshall Islands with future plans to develop standards for the rest of the cancer care continuum.

The objectives were

- To create a Experts Ad Hoc Committee headed by Dr. Marie Lanwi-Paul, Majuro Hospital’s Chief of Staff and the Majuro CCC Coalition Chairperson
- To research different cancer standards created by different professional medical organizations such as the Centers for Disease Control and Prevention, World Health Organization, United States Prevention and Screening Task Force, the Alliance for Cervical Cancer Prevention (ACCP), Breast Health Global Initiative, and the American Cancer Society and,
- To create resource appropriate cancer standards for the entire country.

The project addressed the goal of the RMI Comprehensive Cancer Control Plan of reducing mortality from breast, cervical and colorectal cancers. Several objectives are addressed, including increasing Clinical Breast Exam (CBE) and Self Breast Exam (SBE) screening. Moreover, the cancer screening

standards helped to clarify the existing objectives in relation to mammography and pap tests to better reflect the available resources in the country. Emphasizing Visual Inspection with Acetic Acid (VIA) and decreasing dependency on pap smears represents a significant shift in cancer screening focus but should increase the number of women who will be screened for cervical cancer.

Planning & Development:

A number of different resources were used as background information, primarily standards created by different international professional organizations:

- World Health Organization (WHO)
- United States Preventive Services Task Force
- Centers for Disease Control and Prevention
- Breast Health Global Initiative
- Alliance for Cervical Cancer Prevention (ACCP)

Additionally planning and implementation guides from WHO, PATH and ACCP were referenced. The FSM standards were also used as a guide. In addition to the resources listed above, the physicians who are members of the RMI Ad Hoc Experts committee made presentations on cancer and screening techniques from other sources including the American Cancer Society, American College of Obstetrics and Gynecology, and other sources from the United Kingdom.

Implementation:

Dr. Marie Lanwi Paul appointed the Ad Hoc Experts Committee in early June 2010 to create cancer standards. They had three preparatory meetings to discuss what current practices and resources were in place and plan for the creation of the standards. On August 16-17, 2010, the committee met at the Majuro Hospital for all day meetings. Participating in the meetings were nine physicians, most of whom were members of the RMI Ad Hoc Experts Committee, five public health nurses as well as the Program Coordinator for the RMI National Comprehensive Cancer Control Program. The committee presented their findings and discussions to date as well as RMI cancer statistics. Jeannette Koijane of the Pacific CEED TA team presented about cancer standards from the different international professional organizations (see above) and about the FSM process for creating standards. Dr. Sheldon Riklon of the Pacific CEED TA team presented about VIA, provided background on various clinical questions as well as providing the overall guidance and perspective on creating standards that will be appropriate both culturally and given the available resources in all part of the country (including Ebeye and the outer islands.) Following two days of meetings, unanimous cancer standards were established and agreed on. A taskforce was created, under the umbrella of the Comprehensive Cancer Control Coalition that will create an implementation plan.

On Wednesday August 18, 2010, a day-long meeting was held to present the standards to key community stakeholders including Women United Together in the Marshall Islands (WUTMI), Youth to Youth in Health, Ministry of Health (Public Health Nurses), local government, KIJLE (women's organization), CCC Coalition, and College of the Marshall Islands nursing students and instructors. The physicians from the expert committee began with presentations about the importance of screening, basics about breast, cervical and colorectal cancer and RMI cancer statistics. Presentations were made about VIA, the RMI cancer statistics and activities from Ebeye. Then the standards were presented and discussed at length. The community was able to ask many questions and at the end of the day, they were enthusiastic about the newly created cancer standards, especially the emphasis on incorporating VIA as part of the cancer screening tools. Several members of the community of the various represented organizations committed to joining the task force to implement the standards.

Evaluation:

The primary result was the successful completion of the cancer screening standards for cervical, breast, and colorectal cancer for the Republic of the Marshall Islands. Based on oral feedback, the Adhoc Experts Committee felt that the process was a good one. They especially liked to have enough time to examine the data, reference other standards and discuss the implications for RMI. The fact that most of the nine physicians attended the entire three days was a testimony to the effectiveness of the process. Based on oral feedback following the community session, participants were very pleased. They liked that the doctors presented information on cancer and different screening techniques as well as giving enough time to ask questions about the new standards. They appreciated that the physicians made the time to present the information and appreciated that Dr. Riklon was available for translation into Marshallese. Community members were excited about the opportunity that VIA presented but acknowledged that they needed the presentations and explanations first.

Lessons Learned:

Strengths:

- Formation of an RMI Ad Hoc Experts Committee comprised of local healthcare providers
- Establishment of cancer screening standards appropriate for the RMI
- Discussion of available and needed resources in the country refocusing the direction and aim of the cancer program in line with the National Comprehensive Cancer Control Plan
- Interdisciplinary discussion and collaboration in the formation of the cancer standards
- Analysis of recent RMI data with respect to cancer statistics and cancer burden in the RMI
- Established strong partnership with key community stakeholders
- Incorporation of key community stakeholders as community resources for the planning and implementation of the cancer standards
- Strong potential for capacity building among health care workers, community health workers, and community based organizations
- Locally driven process for the formation of national cancer standards to be used as a guideline in the further development of other cancer standards along the cancer continuum
- Strong administrative support for the creation of cancer standards
- Focused, locally-appropriate and realistic cancer standards that have great potential to be sustainable

Weaknesses:

- Creation of cancer standards for screening only
- Cancer standards address only breast, cervical, and colorectal cancers
- Need to create cancer standards for the rest of the cancer continuum (prevention, diagnosis, treatment, and palliative care)
- Need to create similar cancer standards for other types of common cancers in the RMI
- Need to plan and establish clear implementation steps for newly created cancer standards
- Need multiple key persons and organizations to develop cancer standards and develop concrete steps in sustaining such standards

The next steps will be the creation of standards for prevention, diagnosis, treatment and palliative care. One of the strengths was to take enough time for everyone to research, present and discuss the standards so there was a unanimous decision. Implementation discussion began but will need to be completed by the committee as there was not enough time for that. The other standards will also need to be passed. Especially the prevention standards can be a good chance for community groups and MOH to participate and collaborate.

This was an effective technique. Be sure to schedule enough time and to get the participants to commit

to attend the meeting. If the participants had been in and out all day, the work would never have been completed.

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