

PROJECT ECHO TELEMENTORING TO IMPROVE CERVICAL CANCER PREVENTION AND TREATMENT IN MEDICALLY UNDERSERVED AREAS

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Background:

Project ECHO, Extension for Community Healthcare Outcomes, is an established telementoring model proven to expand access to specialty medical care for underserved areas. ECHO uses videoconferencing and clinical tools to build capacity among clinicians in under resourced areas via case-based learning and co-management of patients. We have adapted the ECHO model to support physicians and providers in the management and treatment of cervical dysplasia, invasive cervical cancer and breast cancer in medically underserved areas.

Methods:

Regular, multi-disciplinary videoconferences are held between specialist teams at MD Anderson Cancer Center in Houston, Texas, USA, and colleagues in medically underserved areas in the US, Latin America and Africa. Partnering sites in Africa include the Cancer Diseases Hospital (CDH) in Lusaka, Zambia and Maputo Central Hospital (MCH) in Maputo, Mozambique. Specialist teams in Brazil lead cervical and breast cancer ECHO sessions with MCH, and these discussions are conducted in Portuguese. The ECHO clinic that is focused on cervical cancer prevention and management of invasive disease in Latin America includes partners in Mexico, El Salvador, Guatemala, Ecuador, Colombia, Peru, Uruguay, Paraguay and Brazil. Videoconferences are held using a free, internet-based application. ECHO sessions include 45 minutes of case presentations by local providers with feedback and mentoring from specialists and colleague participants, and discussion of best practices appropriate to available resources. The final 15 minutes of the videoconference are dedicated to a lecture related to cancer prevention and/or treatment.

Results:

The Cervical Cancer Prevention ECHO program began in April, 2014 as a pilot project with providers in an underserved area with high cervical cancer rates along the Texas-Mexico border. The ECHO program has since expanded with establishment of four unique ECHO clinics to include providers in Latin America and Africa. In total, as of December 2015, 75 ECHO clinics have been conducted. Separate sessions focus on multidisciplinary management of invasive cervical cancer and breast cancer with discussion considerate of local resources. The average number of participants per session is 9 for Zambia, 7 for Mozambique and 18 for Latin America. The ECHO videoconferences are supplemented by workshops and hands-on training.

Conclusions:

Our initial experiences suggest that Project ECHO is an effective platform to provide dissemination of best practices in the delivery of cancer prevention and treatment services in settings that lack access to oncology sub-specialists. In addition, the regular communication facilitated by ECHO conferences help to build a foundation for research and collaboration. Current efforts are being expanded to include a Palliative Care Project ECHO with partners in several African countries.