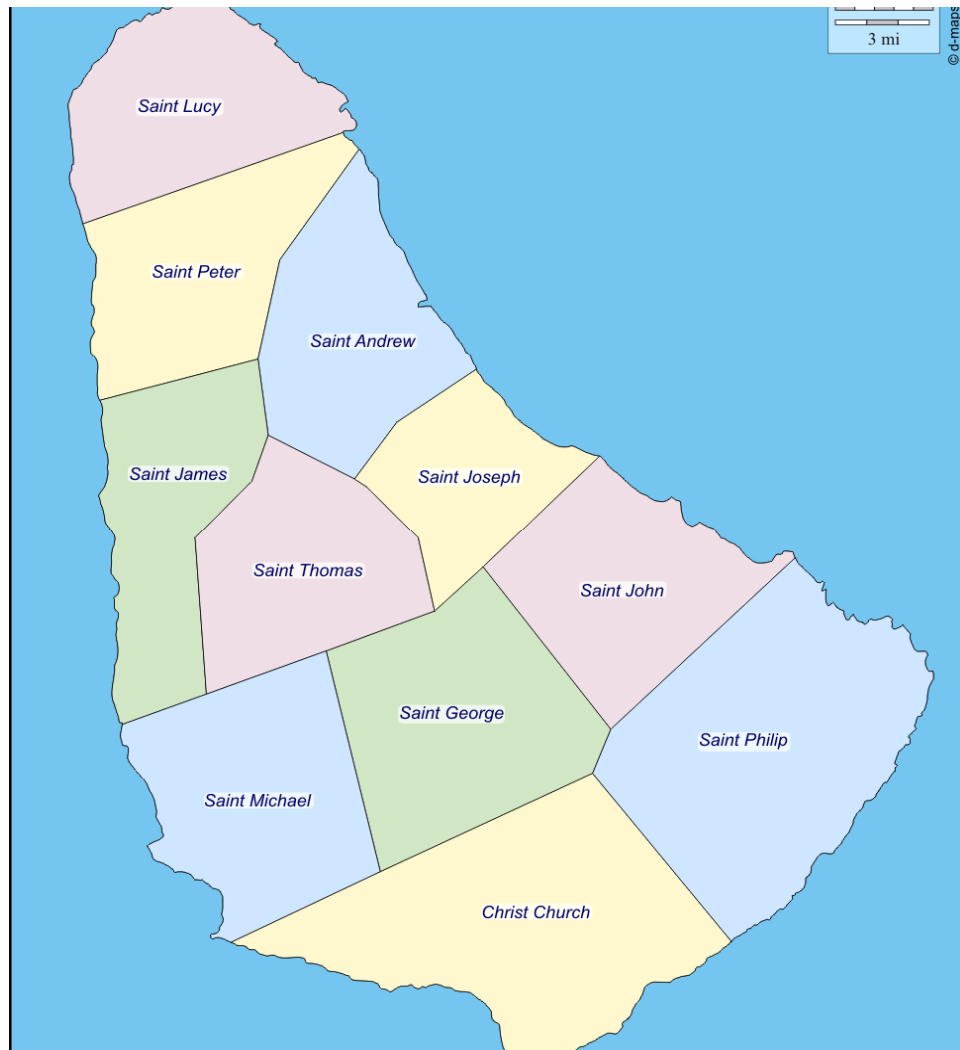


# Barbados: Pediatric cancer care organisation, outcomes and health care challenges



*Barbados* 50  
PRIDE & INDUSTRY  
1966 - 2016

- 1 Epidemiological Situation of Pediatric Cancer
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- 3 Health system and Childhood Cancer
- 4 Gaps and Challenges to Improve Childhood Cancer
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## Facts

- Geographic location: 13° 10'N, 59° 32'W
- Size: 430 km<sup>2</sup>, 97 km coastline
- Population size: 291,495 (July 2016 est.); 0-14 years: 18.13% (male 26,421/female 26,434), 15-24 years: 13.03% (male 18,888/female 19,083)(2016 est.)
- Ethnicity: Black 92.4%, white 2.7%, mixed 3.1%, East Indian 1.3%, other 0.2%, unspecified 0.2% (2010 est.)
- 11.8 births/1,000 population (2016 est.); population growth 0.3% (est)

## Health

- ❖ Expenditure: 7.5% of GDP (2014) (104)
- ❖ Physician density: 1.81 physicians/1,000 population (2005)
- ❖ Hospital bed density: 6.2 beds/1,000 population (2012)

# Epidemiological Situation of Pediatric Cancer in Barbados

Data from Registry : January 2012-August 2016

- **Incidence** = 16 cases per 100,000 population; age range 6-16 years, median 11 years, M:F =1.1:1
- **Most common cancers:** Leukemias 42%, Lymphomas 10.5% and CNS tumors 5%.
- **Adverse Events:** Relapse rate 40%, Progressive disease 13%, Death 27%, abandonment 7%
- **Mortality rate:** 4 cases per 100,000 population
- 2 year overall survival rate: 69%, 1985-1989: 34%

# Health policy on childhood cancer

- Socialised medicine
- Cancer care 100% Government funded
- Full access to all Barbadian children
- Limitations :
  - *Diagnostics limited in public sector*
  - *Erratic Drug availability and the National Formulary list is limited*
- Medical aids scheme very limited
- Private charities- some assistance
- No real recognition as a chronic non-communicable disease

# Health System and Childhood Cancer in Barbados

## Quality of the services of Childhood cancer currently

- 1 Pediatric hematologist/Oncologist; Co-managed with general pediatricians
- 1 Pediatric surgeon, Pediatric Intensivist and cardiologist
- Hemopathologist on staff
- Interventional Radiologist but not pediatric trained - Port placement and biopsies
- PICU care; 2 Dedicated 'isolation rooms'

## Limitations to early detection and treatment?

- Training of primary care physicians are needed for early recognition
- Smoother transition in the referral process
- Pathology services are deficient
- Radiotherapy services are deficient; no LINAC
- MRI private

# Health System and Childhood Cancer in Barbados

## Healthcare professionals in training

- Pediatric hematologist/ oncologist in training
- 3 Nurses to be trained in Pediatric oncology
- All training currently done overseas

## Needed

- Child psychologist/Counsellor
- Pediatric pathologist
- Social worker
- Palliative care specialists
- *Community Nurse*

# SWOT analysis of Childhood Cancer care in Barbados

## Strengths

- Trained and In- Training health care professional specialists
- Hemopathologist on staff
- Establishment of Registry
- Teleconference case discussions
- Working protocols for the region
- Small numbers but intensive management –ICU support

## Opportunities

- Recognition and higher priorities by Health authorities
- Enhance awareness
- Building capacity in terms of diagnostics
- Building of multidisciplinary team
- Strengthening supportive care

## Weaknesses

- Delay in referral time
- Delay in time to treatment
- Access to drugs in a timely manner, LINAC
- Supportive care in terms of lab and blood product availability
- Small numbers
- Lack of psychosocial support

## Threats

- Better awareness in Primary health system
- Economics
- Small number but labor intensive, competing with more common NCDs
- Timely access to drugs



# Stakeholders for Childhood Cancer Care in Barbados

## **Major stakeholders for childhood cancer with on-going collaboration**

- Sickkids Caribbean Initiative (SCI)
- Children's charities

## **Roles in the establishment of childhood cancer programs**

### **SCI**

Networking

Capacity building

- Starting of a Registry
- Pediatric Oncologist fellow training
- Nursing training in Pediatric Oncology
- Telemedicine facilities
- Training of Lab technologists
- Development of guidelines and protocols

### **Charities**

- Financial support
- Emotional support

# Needed Support for establishing a childhood cancer program

- Advocacy within the region
- Regional Collaboration in making good healthcare standards similar within the region and in Drug Procurement
- Economics

## **Expected outcomes from this meeting and from the work of the childhood cancer group**

- Recognition of our shortfalls and assistance in improving this
- Voices together in the fight
- Goal of improvement of cancer survival
- Development of possible Twinning programs
- Optimisation of resources
- Assistance with research and continued training

# Conclusions

- No change in incidence of Pediatric cancer in Barbados
- Improvement of survival rate over 2 decades from 34% to 60%
- **Positives:** Registry, access to all to free health care, specialist in the field, positive collaboration with SCI, strong charity support
- **Negatives:** Shortfalls in diagnostic and some therapeutic measures, difficulty with drug procurement, very limited psychosocial support
- **Future:** Advocacy for awareness and financial aid for comprehensive childhood cancer care, Continued capacity building in training, diagnostics and therapeutics, Possible twinning capabilities

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Thank  
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