

Centers of Excellence for Lung Cancer Detection and Treatment

Impact of Multidisciplinary Teams

NEWSLETTER





On November 30, under the coordination of the **NGO Esperantra**, and the **Latin American Union Against Lung Cancer - ULACPUL**, an Educational Event was conducted to address:

“Centers of Excellence for the Detection and Treatment of Lung Cancer Patients and the Impact of Multidisciplinary Teams”.



Dr. Claudio Martín, Head of Thoracic Oncology at the Alexander Fleming Institute in Argentina; Dr. Alicia Van Der Laat Muñoz, Medical Specialist at CIMCA (Cancer Research and Management Center) in Costa Rica; and Dr. Andrés Felipe Calderón de Zorrilla, Director of Research and Education at the "Luis Carlos Sarmiento Angulo" Cancer Research and Treatment Center in Colombia, participated in the event.

The main objective of this event was to share with the Latin American community the importance of promoting multidisciplinary decisions to apply specific treatments to patients with molecular variations of cancer, to promote the creation of Centers of Excellence in oncology, and to share the new treatments that can be applied to improve the survival of patients with advanced stage lung cancer.

Likewise, emphasis was placed on the **importance of early diagnosis**, in which the molecular variations of cancerous tumors are differentiated in order to carry out an effective treatment.



ARGENTINA |

Center of Excellence in Oncology: Alexander Fleming Institute

Dr. Claudio Martin- Head of the Thoracic Oncology Service of the Alexander Fleming Institute of Argentina.



- Precision therapy achieved a 6.3% decrease in the U.S. lung cancer death rate from 2013 to 2016.

New technologies are now available to detect molecular changes in lung

- cancer patients and treat them appropriately.

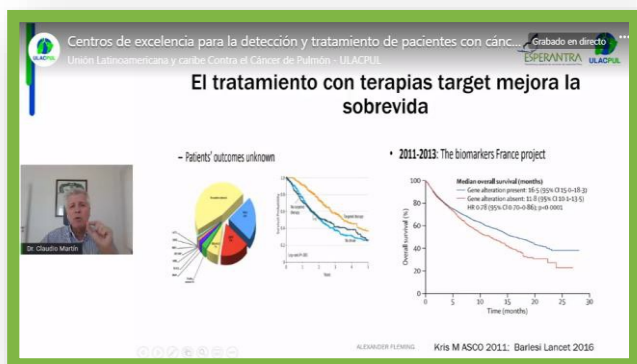
- Several clinical cases have shown that oncology patients who receive mutation-targeted treatments achieve improved living conditions.

A Center of Excellence in oncology must have, first and foremost, a large, trained and excellent work team. Although this condition is important, it is not the only one. Other elements to consider are multidisciplinary work, centers for pathological studies, precision medicine, the possibility of conducting clinical trials and access to medications.

The improvements in infrastructure and the large team of specialists at the Alexander Fleming Institute have allowed it to be called a Center of Excellence for the treatment of lung cancer in Argentina. **They have managed to improve the survival of cancer patients through precision therapies, immunotherapy and clinical research.**

In the last decade, precision therapy has made it possible to reduce the mortality rate of lung cancer patients in the United States.

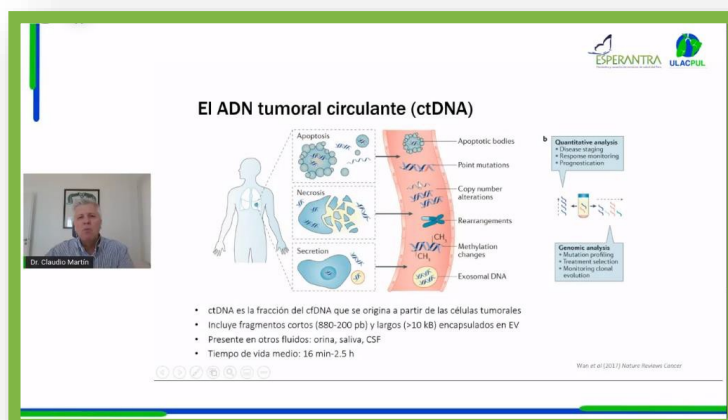
This type of therapy consists of locating the molecular change in the tumor and providing the precise therapy for this mutation.



Nowadays, half of the patients can have a mutation detected that will eventually be treated with a targeted therapy. This has increased the number of drugs used against the new molecular changes. **These FDA-approved drugs are not yet available in the region.**

Biopsy is commonly used to detect molecular changes and diagnose the tumor. Advances in medicine have allowed liquid biopsy to begin to be used to detect mutations in cancer tumors by analyzing the patient's blood.

Molecular changes need to be analyzed to apply treatments with significant impact on patients.



Technology has made it possible to increase the life expectancy of lung cancer patients. **Targeted treatments, immunotherapy and clinical trials are functional alternatives for treating cancer patients.** For this reason, it is important to have Centers of Excellence to continue researching and applying treatments.

COSTA RICA |

What support do multidisciplinary teams provide to oncologists?

Dr. Alicia van der Laat – Medical Oncologist, Mexico Hospital, Costa Rica

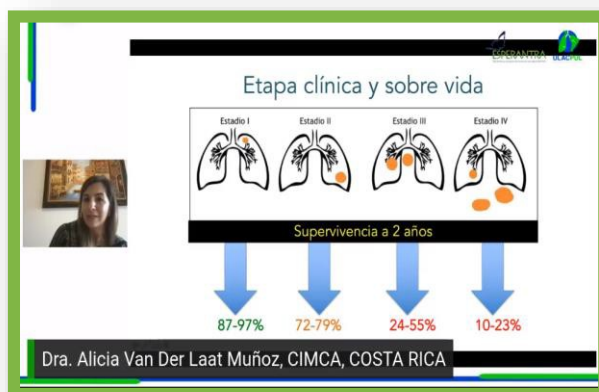


- When we face a patient with lung cancer, the scenario becomes complex. It is a challenge that must be taken on as a whole and not alone, because the one who will definitely lose is the patient.
- Patients should be offered the best way to treat their disease, either with targeted treatments or immunotherapy.

Lung cancer is a highly lethal tumor, accounting for about 20% of cancer deaths worldwide and in Latin America.

This should be a sign of warning.

For oncologists it is very important to detect the clinical stage of the patient. It should be explained and discussed with the patient before everything else, since this is the basis for diagnosing the probability of cure and survival.



Most patients are diagnosed with lung cancer when they have distant metastatic disease or regional disease, with really low probability of cure. Unfortunately in most cases, this disease is not diagnosed at an early stage.



Although smoking is a very important risk factor for lung cancer, there is a high number of patients with no history of smoking. Other risk factors such as occupation, genetic association, lung disease among others. make this disease complex.

Ocupación laboral: minería, industria textil, petróleo, exposición al níquel y al radón.

Riesgo aumenta con la edad

Hombres con mayor riesgo

Asociación genética

Enfermedades pulmonares: EPOCO, fibrosis pulmonar, otras.

Radiación

15-36% no fumadores

Dra. Alicia Van Der Laat Muñoz, CIMCA, COSTA RICA

In public health facilities it is difficult to have trained and available personnel to perform different studies to find the molecular variations of cancerous tumors. This is why it is necessary to have radiologists, palliative medicine specialists, oncologists, nurses and other health personnel in each facility.



It is necessary to take into account the stage at which oncology patients arrive at health centers in order to provide adequate treatment. Although most patients are diagnosed at an advanced stage, multidisciplinary knowledge is needed to provide effective and specialized treatment.

Timely diagnosis is essential and, to this end, multidisciplinary care of lung cancer patients is necessary. Having epidemiological data from each of the Latin American countries is crucial for strategic work among health specialists.

COLOMBIA |

Outcomes in Multidisciplinary Cancer Centers

Dr. Andrés Cardona Zorrilla– Director of Research and Education at the "Luis Carlos Sarmiento Angulo" Cancer Research and Treatment Center in Argentina



- If physicians delay in providing the necessary treatments, due to lack of access or other variables, this has repercussions for cancer patients.
- One of the great problems we have in Latin America is the deficit of specialists. In Colombia there are about 200 oncologists for a country of 50 million inhabitants. This generates a deficit of specialists.

Typically, patients who are treated at Comprehensive Cancer Centers (U.S.A. and Latin America) have a chances of better treatment.

Patients who are treated on a regular basis, even by adjusting for different variables, both socioeconomic and biological ones, intrinsic to the pathology, achieve better results when treated in high debit centers, as opposed to patients treated in conventional health services. In other words, what happens in many of our countries is not correct, since the services are not atomized.

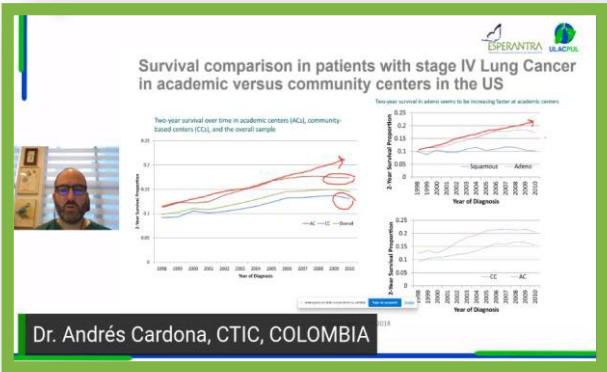
The most studied pathology in the world is cancer. About 62% of all scientific production on the planet is focused on this disease. That is why the advances have been so dramatic in short periods of time.



One of the diseases that has been transformed is lung cancer. In spite of the fact that tobacco consumption has been on the rise in the world, patients survival has increased by almost 25%. There are 2 mains reasons for this:

- The possibility of early diagnosis
- Immunotherapy treatment for patients with metastasis.

Supra-specialties should be promoted in specialized cancer treatment centers, since oncologists should specialize in one type of cancer. This would generate multidisciplinary teams to provide second opinions and to improve treatments focused on the molecular variations of cancerous tumors.



Subspecialization in community oncology: option or necessity?

Pros and Cons of Subspecializing

Pros

- Easier to stay current in focused area; possibly increases quality of care in subspecialty area
- Affords comfort level and confidence in patient management
- Fosters efficiency in tumor board attendance
- Provides readily available consultant, go to expert in group
- Promotes consultation, referrals
- Cultivates clinical team's depth of expertise, knowledge

Cons

- Harder to stay abreast in other areas; possibly decreases level of care in other areas
- Not possible in small practices
- Not possible in rural areas with low volume of patients
- Deprives subspecialist of variety in patient mix
- Requires group compensation plan that obviates competition for patients
- May exacerbate workforce shortages

Dr. Andrés Cardona, CTIC, COLOMBIA

One of the major problems in our region is that patients and their families are not well empowered. In European countries and in the United States, patients have a critical voice; they ask for support, seek a second opinion and look for research protocols in which they can participate.

It is important to rely on research centers to give patients the possibility of an open and multidisciplinary discussion about the type of cancer they have. Patients should be encouraged to empower themselves and seek treatment alternatives that can benefit them in the future.



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