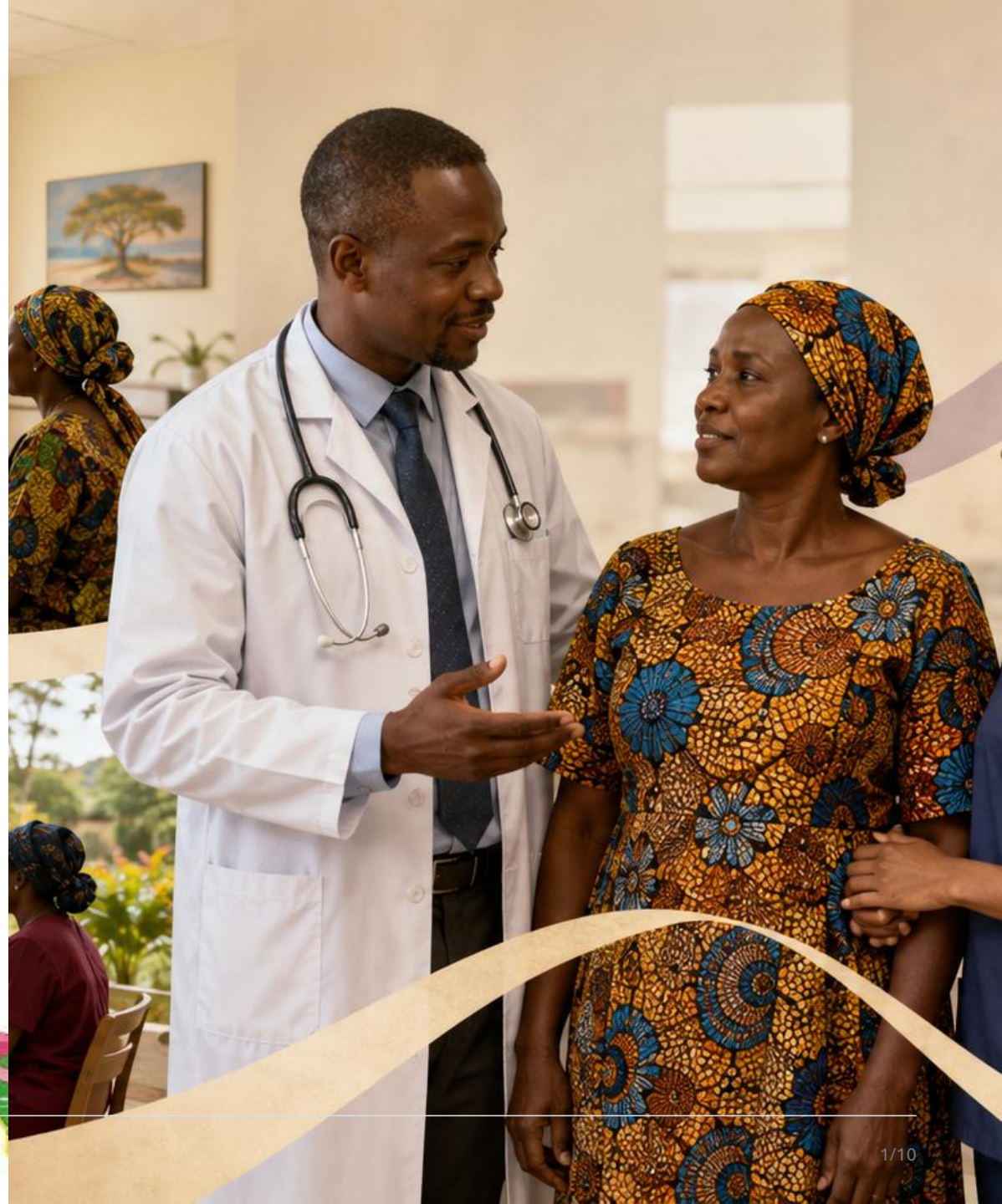
Monitoring Access to and Completion of Cancer Treatment

NCCP monitoring and evaluation indicator

Pr Bangaly TRAORE

National Cancer Control Program - Guinea



Why monitor access and treatment completion?

Two complementary dimensions of the cancer treatment pathway

KEY MESSAGE

Access measures whether the patient starts treatment. Completion measures whether the patient completes the clinically indicated regimen.

1 Start treatment on time

Reduce the loss of opportunity caused by delays after the treatment decision.

2 Complete the treatment plan

Track planned cycles, sessions, or procedures, with documented reasons for clinical modifications.

3 Identify preventable discontinuation

Identify financial, logistical, social, or organizational barriers that can be addressed.

PNLCC-GUINEE

NCCP objective and selected indicator

Cascade indicator: timely treatment initiation followed by treatment completion

SPECIFIC OBJECTIVE

Improve effective access to cancer treatment and reduce treatment interruptions.

Illustrative target to be ada
≥70% start treatment within 30 days;
≥80% of those who start complete the planned regimen.

INDICATORS

1) Timely treatment initiation rate
Patients starting ≤30 days after the treatment decision ÷ patients with an indication for treatment ×100

$$\text{Taux d'accs} = \frac{\text{Nombre de patients ayant commenc le traitement dans les 30 jours}}{\text{Nombre total de patients ayant une indication de traitement}} \times 100$$

2) Treatment completion rate
Patients completing the planned regimen, or a regimen modified for a documented clinical reason ÷ patients starting treatment ×100

Principle: every non-clinical interruption is documented with its cause and the corrective action taken.

NCCP objective and selected indicator

Cascade indicator: timely treatment initiation followed by treatment completion

SPECIFIC OBJECTIVE

INDICATORS

1) Timely treatment initiation rate

$$\text{Taux d'accs} = \frac{\text{Nombre de patients ayant commenc le traitement dans les 30 jours}}{\text{Nombre total de patients ayant une indication de traitement}} \times 100$$

Illustrative target to be adapted to the NCCP:
≥70% start treatment within 30 days;
≥80% of those who start complete the
p

2) Treatment completion rate

$$\text{Taux de compltude} = \frac{\text{Nombre de patients ayant achev le traitement prvu}}{\text{Nombre total de patients ayant commenc le traitement}} \times 100$$

Principle: every non-clinical interruption is documented with its cause and the corrective action taken.

Operational definition of the cascade

Each step of the pathway must have a date, a status, and an explanation when treatment is interrupted

denominator 1 — numerator 1 — denominator 2 — numerator 2

1
Indication
Patient eligible for treatment

2
Initiation
Start ≤30 days after decision

3
Delivery
Cycles, sessions, or procedures

4
Completion
Regimen completed or clinically modified

Documented cohort exits: financial barriers, transport, stock-out, toxicity, progression, refusal, death, or loss to follow-up.

Data tracking: from treatment decision to completion

Data sources, reporting frequency, and data quality assurance

DATA SOURCES

Medical records and hospital registers
Multidisciplinary tumor board records
Surgery, chemotherapy, and radiotherapy registers
Pharmacy, appointments, and patient navigation

MONITORING SCHEDULE

At each visit

Update dates, cycles, sessions, and patient status.

Monthly

Facility-level compilation and consistency checks.

Quarterly

Cohort analysis, disaggregation, and preparation of corrective decisions.

PNLCC-GUINEE

Tool 1 - individual patient form and cohort register

Two levels of monitoring: the individual patient and the monthly or quarterly cohort

INDIVIDUAL PATIENT FORM

Patient and cancer	Unique ID, age, sex, residence, cancer type and stage
Key dates	Diagnosis, treatment decision, planned start, actual start
Treatment	Modality, planned and completed cycles or sessions
Status	Completed, ongoing, interrupted, lost to follow-up, deceased
Action	Call, rescheduling, social referral, pharmacy coordination

COHORT REGISTER

Q1 cohort

Eligible patients	N
Started ≤30 days	%
Completed	%
Interrupted / lost to follow-up	%
Documented reason	%

Caution: no interruption should remain without a documented cause.

Tool 2 - quarterly dashboard

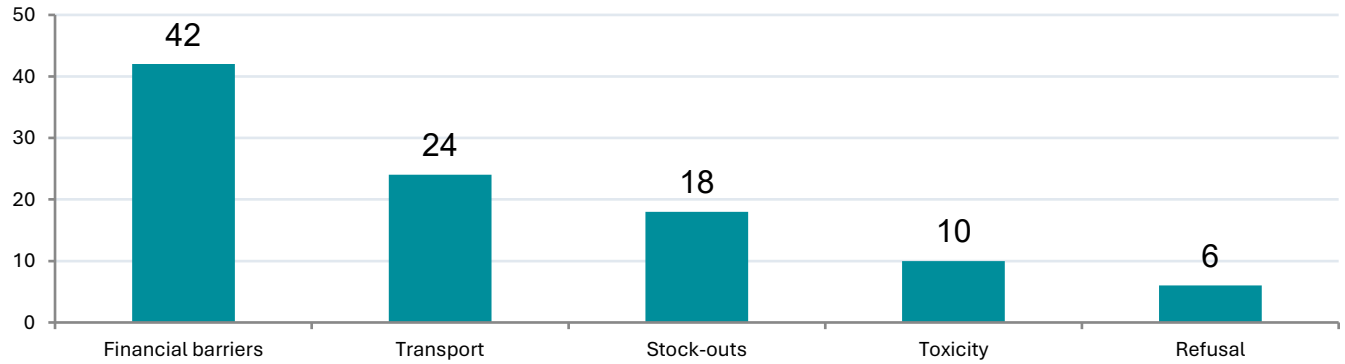
Hypothetical example of how results are interpreted to guide decisions

KEY INDICATORS

72 %	76 %	24 days	9 %
Start ≤30 days	**Treatment completion**	**Median time**	**Lost to follow-up**
target: 70%	target: 80%	from decision to start	requiring active tracing

Hypothetical example

CAUSES OF INTERRUPTION



Interpretation: when preventable causes predominate, the dashboard triggers a targeted program response.

Expected decision: strengthen patient navigation, social support, and monitoring of essential medicines.

Reporting, dissemination, and accountability

Regular, anonymized, action-oriented summaries

REPORTING FLOW

Facility — monthly: teams, management, pharmacy, navigation

↓

National program — quarterly: consolidated results, alerts, needs

↓

Ministry of Health — semiannual/annual: NCCP review, decisions, resources

↓

Partners — anonymized summaries: technical and financial support

Confidentiality: national reports use aggregated data; identifiable data remain at the clinical level.

Example: when data lead to program change

The value of M&E is measured by the decisions it triggers

1. M&E finding	2. Response	3. Reassessment
Delays and interruptions mainly associated with: • out-of-pocket costs • transport • stock-outs	→ Corrective actions: • patient navigation • calls and alerts after 30 days • pharmacy coordination • social referral	→ T0/T1 comparison: • access within 30 days • treatment completion • loss to follow-up • remaining causes

Example of program change: moving from passive monitoring of missed appointments to early, active tracing of patients at risk of treatment interruption.

Key messages

A useful indicator links measurement, understanding, action, and reassessment

Measure → understand → act → reassess

1

The indicator measures a care-pathway outcome, not only service activity.

2

Disaggregation shows where inequities and bottlenecks occur.

3

Regular reporting turns data into decisions and continuous improvement.

Conclusion: access to and completion of treatment should be monitored as a strategic NCCP priority.