

BACKGROUND

Cancer remains as one of the leading cause of morbidity and mortality in the Marshall Islands. Recent reports showed that around fifty (50) new cancer cases are diagnosed each year. But while mortality rates remain high, current data also indicate that the number of people living with cancer has also steadily increased in recent years.¹ The prevalence rate of cancer has increased from 36 per 10,000 Marshallese on 2009 to about 90 per 10,000 on 2013.² Recent advances in early detection and treatment has made cancer a curable disease for some and a chronic disease for others.³ There is an increase in the number of persons surviving cancer for longer periods after diagnoses and this has led to broader and unique needs for care. A medical chart review of cancer cases in the RMI on 2013 clearly showed the existence of gaps in the provision of basic and quality survivorship care for cancer patients. Thus, a comprehensive needs assessment study was conducted on 2014 to identify and understand the critical needs of cancer survivors in the Republic of the Marshall Islands.⁴

HOW THIS PLAN WAS DEVELOPED

The RMI Cancer Survivorship Plan was developed by the RMI Ministry of Health's National Comprehensive Cancer Control Program (NCCCP), the RMI Cancer Control Evaluation Task Group, by the RMI Cancer Support Group, and by Ebeye Cancer Coalition. The information included in this plan was developed through: 1) a medical chart review of cancer cases; 2) patient and provider surveys; 3) patient and provider focus group discussions; and 4) key informant interviews and dialogue with cancer survivorship experts from University of Arkansas Medical Sciences (UAMS) and other survivorship programs and agencies in the State of Arkansas.

PURPOSE OF THE PLAN

The purpose of this five-year plan is to strategically address the growing burden of cancer in the Republic of the Marshall Islands by identifying critical needs; by implementing evidence-based and best-practice interventions; and understanding the resources required to implement these strategies. The Cancer Survivorship Plan will be a part of the National Cancer Control Plan. The National NCD Coalition will spearhead the implementation of this plan with support from the MOH National Comprehensive Cancer Control Program, by the RMI Cancer Support Group, and by the Ebeye Cancer Coalition.

¹ RMI National Cancer Registry Report

² RMI Ministry of Health 2014 Annual Report

³ MMWR Morbidity and Mortality Weekly report. *Cancer Survivorship in the United States, 1971-2001*. 2004 June 25; 53(24):526-9.

⁴ *A Comprehensive Assessment on Cancer Survivorship Care in the Republic of the Marshall Islands*, June 2014 (Unpublished).

The cancer survivorship needs assessment report highlights six (6) priority areas to be addressed in survivorship care for RMI.

1. Develop training and education on cancer survivorship.

Much of the needs identified by providers and patients relate to lack of knowledge and skills on survivorship care. Providers need training and education on general survivorship care, use of survivorship care plans and follow-up care, symptoms management, palliative care, patient communication, and management of co-morbid conditions. Patients need to know about survivorship care and follow-up plans, cancer treatment education including late effects, and understanding on current healthcare and employment policies. Families and communities also need a general understanding about survivorship and support care. Meanwhile, policymakers such as the MOH leadership and Medical Referral Offices need to understand about the plight of cancer survivors in the Marshall Islands and off-island care needs during cancer treatment.

2. Encourage the use of survivorship care plans.

Creating survivorship care plans for patients receiving treatment will help alleviate a lot of survivor concerns. Many survivors expressed concerns on what drugs and treatment they have received, the need for follow-up care, recurrence, what to do to maintain health, effects of treatment, ability to work again, support services they need, and monitoring of their general health. Survivorship care plans can provide much of this needed information, and can also help guide patients and providers in improving overall health and survival of cancer patients.

3. Enhance human resource and staffing for survivorship care.

There were clear recommendations from both the providers and patients about specific staff positions that should be created to improve survivorship care. In order of priority, these are: a) a survivorship program coordinator or case manager that provides care coordination and appropriate cancer education; b) a psychologist or professional counselor that can perform psychosocial assessments and provide psychosocial support for emotional and behavioral changes; c) a skilled off-island liaison officer from the Medical Referral Office who can provide better care coordination, translation, and education for patients while they are off-island receiving treatment; and d) visiting oncologist for at least annual check-ups.

4. Develop culturally and geographically appropriate services for cancer survivors.

Both providers and patients emphasized the need for other support services to significantly improve survivorship care. Amongst these are support groups, nutrition services, physical activity services, spiritual support services, and employment and self-advocacy support.

5. Promote evidence-based clinical care guidelines related to survivorship care among primary care providers.

There is a need to develop basic survivorship care guidelines for clinicians to follow. This includes use of survivorship care plans and comprehensive medical screening and management of other NCDs and diseases. This is highly dependent with training and CMEs for providers on cancer survivorship (priority recommendation one).

6. Enhance resources for cancer survivorship care.

Least of the need but still significant are resources for cancer care. These resources are variable that may include informational materials on survivorship services, certain medications for symptoms management, nutritional supplements, and availability of screening tests or medical equipment.

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The following table shows a description of the specific actions and estimated resources needed to address the six priorities identified in the RMI Cancer Survivorship assessment.

Goal: To increase the average Quality of Life scores of cancer survivors from 4.56 to 7.00 by the end of June 30, 2021.

Priority I: Develop training and education on cancer survivorship			
Objectives	Actions	Agency/Person(s) Responsible	Funding/Resources Needed
IA. Provide cancer survivorship education to all newly-diagnosed cancer patients and family (before and after cancer treatment)	<ol style="list-style-type: none"> 1. Hire CS Coordinator 2. Develop cancer treatment education protocol, curriculum and materials. 3. Provide training 4. Monitor and evaluate trainings 	MOH NCCCP	Staff 1 FTE Majuro \$18,000/annum 0.5 FTE Ebeye \$9,000/annum Volunteers Curriculum Development Consultant \$5,000 Training \$1,000 Supplies (50 pax per year x \$50 per pax = \$2,500/year)
IB. Hold annual cancer survivorship symposium for health care providers (physicians, nurses, allied health staffs) to provide training on the following topics: cancer survivorship, care plans, late effects of cancer and treatment, symptoms management,	<ol style="list-style-type: none"> 1. Plan the symposium (identify trainers, venue, etc.). 2. Release symposium announcement and invitation. 3. Conduct symposium 4. Evaluate symposium 	MOH Marshall Islands Medical Society Marshall Islands Nurses Association	Food and Materials: 50 participants per symposium x \$20 = \$1,000 Speakers Cost x 2 (airfare and lodging) = \$10,000 Travel for Ebeye participants: 5 x \$1,000 = \$5,000

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patient communication, and palliative care			
IC. Educate family members of cancer survivors and the community-at-large on cancer survivorship	<ol style="list-style-type: none"> 1. Plan and conduct annual campaign activities during cancer survivorship month (e.g. parade, vigils, other events) 2. Plan and conduct family caregivers training using a culturally-tailored curriculum 3. Conduct advocacy activities with governmental ministries and other stakeholders on survivorship needs (meetings, advertisements, infographics) 	NCCCP Cancer Survivors Group Cancer Coalition	Annual Survivorship Campaign (events) = \$5,000 per year Family Caregivers training or workshop = \$2,000 Printing and production costs of advocacy and campaign materials = \$2,000

Priority II: Encourage the use of survivorship care plans

Objectives	Actions	Person/s Responsible	Funding/Resources Needed
IIA. Implement PSE strategies to adopt and establish the use of survivorship care plans for all newly-diagnosed cancer patients	<ol style="list-style-type: none"> 1. Seek technical assistance to adopt a standard survivorship care plan format for RMI cancer patients 2. Hire and train a CS coordinator in the use, 	Technical Assistance Consultants MOH MIS Coordinator MOH Medical Referral Office and Committee Cancer Survivors Coordinator	Staff <i>*same as in IA</i> 1 FTE Majuro \$18,000/annum 0.5 FTE Ebye \$9,000/annum Advocacy meetings costs = \$500 Survivorship Care Plan incentive for patients \$1,000

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	<p>maintenance, and monitoring of care plans</p> <ol style="list-style-type: none"> 3. Adopt an electronic database system to log and effectively monitor newly-diagnosed cancer patients and their care plans (e.g. CDEMS) 4. Advocate with MOH and the MRO to create a policy that will require all off-island treating institutions (Third Party Agency) to complete survivorship care plans during and after cancer treatment for all patients 		<p>Computer and softwares for electronic database and printout costs = \$2,000</p>
<p>IIB. Implement PSE strategies to promote effective use of survivorship care plans to newly-diagnosed cancer patients</p>	<ol style="list-style-type: none"> 1. Train PCPs and patients on care plans 2. Create patient information folders (that includes care plans) for all patients receiving cancer treatment 3. Utilize survivorship care plans on acute and chronic clinic visits 4. Utilize survivorship care plans during annual oncologist visits 	<p>NCCCP Medical Director, Medical Chief of Staff</p>	<p>Patient folders <i>*same as IA</i>: 50 pax per year x \$50 per pax = \$2,500/year Annual oncologist/s visit (travel and lodging) <i>*same as speaker costs in IB</i> = \$10,000</p>

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Priority III: Enhance human resource and staffing for survivorship care			
Objectives	Actions	Person/s Responsible	Funding/Resources Needed
IIIA. Hire Cancer Survivorship (CS) Coordinator-Nurse	<ol style="list-style-type: none"> 1. Create job description and requirements for position 2. Advocate with MOH for the creation of position and funding allocation 3. Open application, conduct interviews, and process hiring based on Public Service Commission policies 4. Provide additional training for CS coordinator 	Cancer Survivors Group NCCCP MOH PSC	Staff <i>*same as in IA and IIA</i> 1 FTE Majuro \$18,000/annum 0.5 FTE Ebeye \$9,000/annum
IIIB. Hire a psychologist or professional counsellor for psychosocial assessment and intervention of cancer patients	<ol style="list-style-type: none"> 1. Create job description and requirements for position 2. Advocate with MOH for the creation of the position and funding allocation 3. Open application, conduct interviews, and process hiring based on Public Service Commission policies 	Cancer Survivors Group NCCCP MOH PSC	Staff Psychologist or Clinical Social Worker 1 FTE MOH \$18,000/annum Travel funding allocation for hired psychologist to travel to Ebeye at least 2x a year = \$2,000
IIIC. Establish annual on-site oncologist/s visits for cancer patient follow-up	<ol style="list-style-type: none"> 1. Establish partnership with volunteer oncologists from UAMS and City of Hope 	NCCCP MOH Cancer Survivors Group and Coalition	Annual oncologist/s visit (travel and lodging) <i>*same as speaker costs in IB and IIB</i> = \$10,000

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	<ol style="list-style-type: none"> 2. Allocate funding to support travel and lodging of volunteers 3. Establish protocols for annual visits under Primary Health Care 	RMI Breast Cancer Society	
IIID. Conduct general cancer care education to off-island MRO liaison officers	<ol style="list-style-type: none"> 1. Advocate for education and training of MRO liaison officers 2. Plan and implement educational training of MRO staffs 	MOH MRO NCCCP	Consultant Trainer: \$5,000 Consultant Travel to Hawaii and Manila: \$10,000

Priority IV: Develop new and expand current successful culturally and geographically appropriate services for cancer survivors

Objectives	Actions	Person/s Responsible	Funding/Resources Needed
IVA. Establish various support services for cancer survivors that were identified as priority support needs	<ol style="list-style-type: none"> 1. Adopt, plan, and implement cancer survivorship workshops (e.g. Winthrop Rockefeller Cancer Institute/UAMS survivorship workshop) 2. Train and strengthen organization of Cancer Survivor Support Group 3. Establish spiritual support group (church volunteers) and implement support strategies (e.g. Manu O Ku 	NCCCP CSG and Cancer Coalition Technical Assistance Consultants Church Leaders FARA MOH KUMIT Bobrae UAMS	Workshop (materials, food, facility use, trainers): \$2,500 per workshop x 2 = \$5,000/year Church leader training costs (FARRA-Majuro): \$5,000

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	<p>Curriculum of Faith in Action Research Alliance)</p> <p>4. Coordinate with MOH for access to Pain Management Clinic</p> <p>5. Acquire a facility for support services and cancer survivor boutique</p>		
IVB. Establish access to nutrition services for cancer survivors	<p>1. Establish partnership with Wellness Program to implement nutrition services for survivors</p> <p>2. Advocate with MOH to hire nutritionist for individualized nutrition intervention for cancer survivors</p>	<p>CSG and Cancer Coalition Wellness Program MOH</p>	<p>Oncologist Nutritionist consultant: \$2,000 Nutritionist Travel: \$5,000 Nutrition Program Majuro: \$15,000 Ebeye: \$5,000</p>
IVC. Establish access to physical activity services for cancer survivors	<p>1. Establish partnership with Wellness Program to implement exercise programs for cancer survivors (e.g. UAMS Dance Group/Movement Therapy for Breast Cancer Survivors)</p> <p>2. Search for exercise facilities to conduct exercise classes for cancer survivors</p>	<p>CSG and Cancer Coalition Wellness Program UAMS MOH Canvasback Mission Taiwan Embassy</p>	<p>Physical Activity Program Majuro \$15,000 Ebeye \$5,000</p>

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	3. Plan and implement community and home gardening projects for cancer survivors		
IVD. Work on community and governmental policies to support cancer survivors	<ol style="list-style-type: none"> 1. Identify work-related issues of cancer survivors and provide support linkages to agencies through the Cancer Survivor Office / Coordinator 2. Partner with agencies providing skill and livelihood training for cancer survivors 3. Advocate with MOH and MRO for access to treatment in the State of Arkansas and create access to US-based Cancer Support homes and centers during treatment phase 	CSG and Cancer Coalition RMI Livelihood Agencies PSC MOH and MRO UAMS	Staff <i>*same as in IA, IIA, and IIIA</i> 1 FTE Majuro \$18,000/annum 0.5 FTE Ebeye \$9,000/annum Advocacy materials and supplies: \$2,000
IVE. Commence planning efforts to establish a cancer support home for outer-island cancer survivors	<ol style="list-style-type: none"> 1. Search for resources and facilities that can be converted to a cancer support home 2. Study operations and sustainability needs in running a cancer support home 	NCCCP CSG Cancer Coalition	Staff <i>*same as in IA, IIA, IIIA and IVD</i> 1 FTE Majuro \$18,000/annum 0.5 FTE Ebeye \$9,000/annum

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Priority V: Promote evidence-based clinical care guidelines related to survivorship care among primary care providers			
Objectives	Actions	Person/s Responsible	Funding/Resources Needed
VA. Develop and implement clinical care guidelines on survivorship care	<ol style="list-style-type: none"> 1. Hold planning workshop with Medical Director and clinicians 2. Seek technical assistance support 3. Draft clinical care guidelines 4. Seek approval of guidelines from MOH 5. Implement guidelines 	MOH Medical Director, Chief of Staff CCPI Clinicians PCPs/Medical Providers	Clinical Care Consultant Trainer: \$2,000 Workshop Costs Travel of Ebeye participants = \$5,000 Printing costs = \$500
VB. Create a cancer clinic consultation day for survivors	<ol style="list-style-type: none"> 1. Advocate with MOH the establishment of once a week clinic hours for cancer patients 2. MOH to designate point PCP (Cancer Physician) for cancer patient follow-ups in MAHCS and KAHCS 3. Establish quarterly care plan follow-up for all cancer patients 4. Annual oncologist/s on-site visit who can work and train PCPs on low- 	MOH CSG and Cancer Coalition KUMIT Bobrae Volunteer Oncologists	Annual oncologist/s visit (travel and lodging) <i>*same as speaker costs in IB, IIB and IIIC</i> = \$10,000 Clinic day supplies and materials: \$2,000

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	economic setting survivorship care		
VC. Commence efforts on cancer research	<ol style="list-style-type: none"> Partner with centers and organizations engaged in cancer research for the pacific (e.g. UAMS, FARA) Create list of potential research studies on survivorship 	MOH NCCCP Technical Assistance Consultants UAMS FARA	Grant Writing Team: \$2,000

Priority VI: Enhance facility access and resources for cancer survivorship care

Objectives	Actions	Person/s Responsible	Funding/Resources Needed
VIA. Create culturally-appropriate cancer survivorship informational materials	<ol style="list-style-type: none"> Establish a council to identify, prioritize and develop materials Draft culturally-appropriate materials Approve, disseminate, and evaluate materials 	MOH Health Promotions CMI Bilingual – Bicultural RMI Organization	Material Development Consultant: \$2,000 Printing: 2,000 brochures x \$2 = \$4,000; 500 booklets x \$5 = \$2,500
VIB. Acquire special medications and nutritional supplements for cancer patients	<ol style="list-style-type: none"> Partner with local pharmacies and international pharmaceutical companies Educate CS coordinator and clinicians on acquired medications and nutritional supplements 	CSG and Cancer Coalition Medical Director Cancer clinicians Volunteer Oncologists	Pharmacist Consultant: \$1,000 Oncologist Consultant: \$1,000 Medications and supplements: TBA by Pharmacist and Oncologist

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	<ol style="list-style-type: none"> 3. Distribute to cancer survivors as appropriate 		
VIC. Establish facility for cancer survivorship program	<ol style="list-style-type: none"> 1. Advocate for need of facility for survivorship program operations 2. Partner with organizations (e.g. KUMIT Bobrae) for facility access 3. Establish operation protocols of facility 	MOH KUMIT Bobrae CSG and Cancer Coalition	Facility Rental: \$12,000/year
VID. Acquire vehicle for cancer survivorship support or transportation services	<ol style="list-style-type: none"> 1. Advocate for need of vehicle or transportation services 2. Partner with organizations (e.g. MOH, KUMIT) for vehicle or transportation services 3. Establish operation protocols for vehicle or transportation services 	MOH KUMIT Bobrae CSG and Cancer Coalition	Vehicle: \$25,000 Vehicle Maintenance: \$5,000 Fuel: \$200/month x 12 months = \$2,400
VIE. Develop fundraising strategies for resources	<ol style="list-style-type: none"> 1. Convene a fundraising task group 2. Develop a fundraising plan 3. Implement activities 4. Evaluate progress 	NCCCP	Grant writer and fundraising coordinator consultant: \$5,000