



ONCOLOGY STATUS IN DEVELOPING COUNTRIES (OS-DC) SURVEY PHASE II

General guidelines

Commitment

- All information (answers, queries, and general correspondence) is to be provided in English.

Questionnaire compilation

- Please give a true and fair picture of the national situation.
- Each answer should have the reference of the source of information used, and the year to which the information refers. For this purpose please fill out the 'SOURCE OF INFORMATION / COMMENTS' section at the end of each section.
- For any comments or specification of questions please use the 'SOURCE OF INFORMATION / COMMENTS' section at the end of each section.
- Compilers are kindly requested to strictly follow the instructions.

Definition:

- **Medical oncologist**

A medical oncologist is a physician taking care of cancer patients. He/she has training in internal medicine, with subsequent specialization in the comprehensive management of patients with malignant diseases. His/her training comprises the scientific basis of oncology, prevention, screening, diagnosis, the use and evaluation of specific medical anticancer treatments, and clinical investigation of malignant diseases. He/she is able to use medical therapies and symptomatic, psychological, supportive, palliative, and after care in daily clinical practice to improve the quality-of-life of cancer patients. He/she will be trained and continue to update his/her knowledge in the application of such interventions for optimal benefit, taking into account the psychological and social needs of cancer patients and their families.

The standard requirements for training in Medical Oncology are a total training period from five to six (5-6) years, beginning with a training in internal medicine for at least two (2) years, followed by a training program in medical oncology for three (3) to four (4) years.

The 3 to 4 year training program in medical oncology must include a minimum of two (2) years full-time clinical training in the diagnosis and management of a broad spectrum of neoplastic diseases.

Hansen H, Bajorin D, Muss H, et al: ESMO/ASCO Task Force on Global Curriculum in Medical Oncology, Recommendations for a Global Core Curriculum in Medical Oncology. Ann. Onc., Nov 2004; 15: 1603-1612



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1. GENERAL INFORMATION

Country	
No. of inhabitants	

1.1. What is the minimum number of years required in the medical school before a student graduates as a medical doctor? (Please indicate the minimum no. of years from entry into medical school until the completion of internship i.e. when the candidate will be eligible to get certificate that allows him/her to practice as a doctor).

- Years _____
- Depends on Faculty/University, please indicate average number of years _____
- Don't know

1.2. What is the minimum number of years required for a doctor to receive post graduate qualifications? (Please indicate the minimum no. of years from becoming a doctor to completing training and all requirements to be called a specialist in the basic medical specialties.)

Topic	
General Surgery	<input type="checkbox"/> Years _____ <input type="checkbox"/> Depends on Faculty/University, please indicate average number of years _____ <input type="checkbox"/> Don't know
Internal Medicine	<input type="checkbox"/> Years _____ <input type="checkbox"/> Depends on Faculty/University, please indicate average number of years _____ <input type="checkbox"/> Don't know
Radiology/Radiotherapy	<input type="checkbox"/> Years _____ <input type="checkbox"/> Depends on Faculty / University, please indicate average number of years _____ <input type="checkbox"/> Don't know

SOURCE OF INFORMATION/COMMENTS



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2. EDUCATION / TRAINING

2.1. Is oncology officially recognized as a specialty/sub-specialty in your country?

- Yes No Don't know

If yes, by whom:

- Government / Ministry of Health
 National Medical Association
 Other (pls. specify) _____

2.2. What is the minimum number of years required for a postgraduate doctor to become qualified/ recognized as a specialist in medical oncology? (Please indicate the minimum no. of years from becoming a postgraduate doctor to completing training and all requirements to be called a specialist in oncology)

With internal medicine training	Without internal medicine training
<input type="checkbox"/> Years _____	<input type="checkbox"/> Years _____
<input type="checkbox"/> Depends on Faculty/University, please indicate average number of years _____	<input type="checkbox"/> Depends on Faculty/University, please indicate average number of years _____
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

2.3. How many facilities (e.g. universities/hospitals/institutions) for official training for oncology exist in your country?

- Number _____ Please specify your degree of confidence: Confident Not confident
 Don't Know

2.4. What is the total no of *oncologists in your country?

- Number _____ Please specify your degree of confidence: Confident Not confident
 Don't Know

2.5. Postgraduate specialization and sub-specialization details

Specialty or sub-specialty	Do you have a formal training program?	Are the following specialization recognized in your country?	What is the basic qualification for entry into this training?	What is the minimum duration of this training?	Do the candidates have to take a formal examination/ evaluation at the end of the training to get certification?	Who conducts the formal examination/ evaluation?
Oncology (general)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Graduation in IM <input type="checkbox"/> Graduation in Surgery <input type="checkbox"/> Graduation in Radiology/ Radiotherapy <input type="checkbox"/> Other (specify):	Years: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):



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Medical oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Medical oncology as a sub-specialty of internal medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Surgical oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Surgical oncology as a sub-specialty of surgery	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Hemato-oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Palliative Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):
Other (pls. specify):	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Years: ____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> University <input type="checkbox"/> National Medical Association <input type="checkbox"/> Other (pls. specify):

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3. CONTINUED MEDICAL EDUCATION / EXAMINATIONS

3.1. Continued Medical Education (CME)

3.1.1. After specialization or sub-specialization in medical oncology, is a *medical oncologist required to follow a CME process:

In order to continue the oncology practice
In order to update the medical certification

YES NO
 YES NO

If yes, who usually supervises the CME accreditation?

- National health system
- University
- Scientific societies (e.g. National Medical Association)
- Hospitals
- Private facilities
- Local medical association
- Other (pls. specify):

3.2. National or International Certification

3.2.1. Is there a national and/or an international certification in oncology (please specify which organization is responsible for this in the table below)

Specialization or sub-specialization	National Certification	International Certification
Medical oncology	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Medical oncology as a sub-specialty of internal medicine	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Surgical Oncology	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Surgical Oncology as a sub-specialty of Surgery	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):



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Radiotherapy	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Hematology	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Hemato-oncology	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National oncology society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):

SOURCE OF INFORMATION/COMMENTS

4. NATIONAL ONCOLOGY SOCIETIES

4.1. Does your country have a Scientific Medical Society/ Association for:

Topic:	Scientific medical society/ association	If yes, indicate the name	Since when? (Please indicate year in which was established)	How many members does it currently have?	Specify your degree of confidence
Oncology (general)	YES <input type="checkbox"/> NO <input type="checkbox"/>				CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>



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Medical oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Surgical oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Hemato-oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>			

4.2. Cancer Registries

Is there a cancer registry at:		If yes, since when? (Please indicate year in which was established)
National level	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Regional level	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Hospital-based cancer registry	YES <input type="checkbox"/> NO <input type="checkbox"/>	

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5. GUIDELINES / AUDITS

5.1. Guidelines

5.1.1. Does your country have national guidelines for management of cancer(s)? Yes No

If yes:

Did the national oncology society / societies contribute to their development? Yes No

Is oncology treatment based on your country's guidelines? Yes No Not always

5.1.2. Does your hospital / institution have own guidelines for management of cancer(s)?

Yes No

5.1.3. Do *oncologists in your country follow *ESMO Clinical Recommendations*?

Yes No Not always

If yes, has your country officially adopted the *ESMO Clinical Recommendations*?

Yes No

If no, do oncologists in your country follow guidelines from other society / association (e.g. ASCO), please specify if any: Yes: No

5.1.4. How frequently are the listed guidelines followed? (please mark with an 'X' the frequency)

Guidelines	Frequency			
National guidelines	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Hospital/Institution guidelines	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
ESMO guidelines	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Other (pls. specify):	<input type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never

5.1.5. Is treatment of cancer patients, based on existing guidelines (national or international), too expensive for your patients / country? Yes No Don't know

5.2. Audits

5.2.1. Is there a medical audit of oncology conducted in your institution? Yes No

If yes, who conducts these audits?

Government / Ministry of Health delegate

National medical association delegate

Other (pls. specify):

5.2.2. Are medical audits of oncology different between institutions? Yes No

If yes, please describe the situation in the box below



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6. MULTIDISCIPLINARY APPROACH

6.1. Is cancer treatment in your country based on a multidisciplinary team approach?

- Yes No Not Always

6.2. Is cancer treatment in your hospital based on a multidisciplinary team approach?

- Yes No Not Always

6.2.1. If you answered YES to question 6.1, please specify if this is true for all types of cancer.

Please indicate the type of cancer the treatment is based on a multidisciplinary team approach and mark with an 'x' the most relevant specialist in the screening, diagnosis and treatment of the cancer types listed below.

If more than one specialist is relevant, please indicate the involvement of each ranking from 1 to 3, ('1' for the specialist who is primarily involved and '3' for the specialist who is least involved in each defined step).

Type of cancer	*Medical oncologist	Surgical oncologist	Radiation oncologist	Other specialist	*Palliative care specialist	General practitioner/ family doctor
Breast YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Gynecologist</i>		
Upper gastrointestinal YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Gastroenterologist</i>		
Hepatocellular carcinoma YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Gastroenterologist</i>		
Colorectal YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Gastroenterologist</i>		
Lung YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Pulmologist</i>		
Ovarian YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Gynecologist</i>		



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Prostate YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Urologist</i>		
Seminomatous Germ Cell Tumor (GCT) YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Urologist</i>		
Non-Seminomatous GCT YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Urologist</i>		
Non-Hodgkin Lymphoma (NHL) YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Hematologist</i>		
Hodgkin Lymphoma (HL) YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Hematologist</i>		
Leukemia YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Hematologist</i>		
Bladder YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Urologist</i>		
Renal YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Urologist</i>		
Cervical YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Gynecologist</i>		
Head and neck YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Otorhinolaryngologist</i>		
Soft tissue sarcoma YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Pls indicate specialist:</i>		
Bone sarcoma YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Orthopedist</i>		
CNS YES <input type="checkbox"/> NO <input type="checkbox"/>				<i>Neurosurgeon</i>		

6.3. Is there any official policy regulating the activities of the multidisciplinary board?

- Yes No Not always

6.4. Is there any official recognition for the multidisciplinary board (i.e. is the patient treatment subject to the multidisciplinary board's decision)? Yes No Not always

6.5. Is there a waiting list for patients to be directed to the multidisciplinary board?

- Yes No Not always

6.6. Is there a supervising body over different multidisciplinary boards?

- Yes No Not always

6.7. Do the multidisciplinary board specialists visit patients or do they just consult patient records?

6.8. Does the primary *oncologist present the case within the multidisciplinary board?

- Yes No Not always



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7. CLINICAL CANCER RESEARCH

7.1. Clinical Trials

7.1.1. Is there an official, annual report documenting oncology research activity in your country?

- Yes No

If yes, what is the name of the report and who is produces / publishes it?

7.2. Funding

7.2.1. What is the percentage of clinical research studies not fully funded* by the pharmaceutical industry?

- <25% 25-50% 50-75% >75%

Degree of confidence: Sure Quite sure Uncertain

** Not fully funded by the pharmaceutical industry*

Clinical research studies which are not fully funded by the pharmaceutical industry are those studies, where the pharmaceutical industry has only a (partial) financial involvement (through so-called 'unrestricted grants'), without any further influence on the scientific profile and aspects of the study.

7.2.2. What is the percentage of clinical research studies sponsored* by the pharmaceutical industry?

- <25% 25-50% 50-75% >75%

Degree of confidence: Sure Quite sure Uncertain

** sponsored by the pharmaceutical industry*

Clinical research studies which are sponsored by the pharmaceutical industry are those studies where industry has both financial involvement and influence on the scientific profile and aspects of the study.

7.2.3. Who provides funding for clinical research studies not funded by the pharmaceutical industry? (Please rank the answers in order of importance, with '1' indicating the most important funding provider and '3' indicating the least important funding provider.)

- Health ministry
- Science ministry
- Private organizations/ foundations
- Pharmaceutical industry
- Other (pls. specify):



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7.3. Ethics

7.3.1. Is there an ethical committee involved in the phases of clinical trial development?

Yes No

If yes, is this a:

Local ethical committee*

Central ethical committee**

* e.g. Health Ministry

** A. Ethical committee of each hospital/institution in a particular country

B. Ethical committee of a group of hospitals/institutions in a particular country

Degree of confidence: Sure Quite sure Uncertain

SOURCE OF INFORMATION/COMMENTS

8. PRESCRIPTION AND ADMINISTRATION OF CYTOTOXIC THERAPY

8.1. Is the prescription of cytotoxic drugs in oncology restricted to a single specialty in your country?

Yes No

8.2. Is the administration of cytotoxic drugs in oncology restricted to a single specialty in your country?

Yes No

8.3. Are there reimbursement difficulties for medical oncology treatments provided by specialists other than *medical oncologists in your country? Yes No

8.4. Are there local health authority rules and regulations for compensation of prescribed cytotoxic drugs in your country? Yes No

8.5. Are there legal safety rules about the handling and administration of cytotoxic drugs in your country? Yes No



European Society
for Medical Oncology

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9. PATIENT INFORMATION

9.1. Are there patient organizations in your country? Yes No

If yes, please provide name(s)

9.2. Where there are institutions/hospitals for cancer treatments in your country?

- in the capital
- in the major cities
- in every region
- in few regions

9.2.1. Are these institutions/hospitals for cancer treatments accessible/ reachable by everybody in your country?

- Yes
- No
- Don't know

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Would you like feedback on the results of this survey? Yes No If yes, please provide us your contact details

Name

Designation

Affiliation

Address

E-mail

Fax no

Tele no

Who do you feel is the best other person(s) from your country to give us additional information:

Name

Designation

Affiliation

Address

E-mail

Fax no

Tel no

Your colleague in oncology academic activity

Name

Designation

Affiliation

Address

E-mail

Fax no

Tel no

Your government representative involved in oncology

Name

Designation

E-mail

Fax no

Tel no
