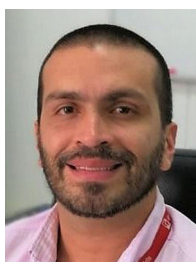


## EDITORIAL

# Cancer Centers of Excellence in Colombia: A fundamental way to work together



## Centros de Excelencia del Cáncer en Colombia: una manera fundamental de trabajar juntos



I would like to discuss some important facts about COEs regarding the C/Can 2025.<sup>1</sup> People with cancer diagnosis have limited access to high-quality cancer treatment outside high-income countries, mainly because of lacking economic and other resources. For these reasons, the Union for International Cancer Control (UICC) has launched an important initiative, C/Can 2025: City Cancer Challenge, to support cities in accelerating equitable access to quality cancer services.<sup>1</sup>

The first three cities committed to participate are: Asunción (Paraguay), Cali (Colombia) and Yangon (Myanmar). Regarding Cali, it has an important and operational cancer registry since 1962 at Universidad del Valle, providing robust and valid information about cancer local, nationally and worldwide recognized. This initiative permits to identify gaps for the attention of cancer patients in cancer services, additionally; C/Can 2025 will allow developing plans for sustainable solutions for these patients. According to this important purpose, I would like to remark some points about the Centers of Excellence that have been named in every meeting but not all people know what it is.

A COE is not any hospital or clinic that receives and attend people with determined condition, like some people

would like to consider, a COE requires at least the following: 1. A multidisciplinary tumor board that meets frequently and discusses topics and complex patients; 2. This team should include: Medical oncologist/hematologist, radiation oncologist, an specialized surgeon, pharmacist, pathologist, palliative care specialist, nurses, social worker, therapists, nutritionists, rehab services and other specialists as needed; 3. Special care units; 4. Multidisciplinary outpatient clinics; 5. Hospital/Clinic Accreditation and lab certification; 6. Patient and family resources; 7. Sufficient patient volume to ensure expertise; 8. Electronic Medical Record System; 9. Communication and coordination processes; 10. Comprehensive discharge planning processes; 11. Participation in research, and desirable, in academic programs; 12. Use of Clinical Guidelines and 13. A system and process for tracking, reviewing and reporting clinical outcomes.<sup>2,3</sup>

In Colombia only few centers should be named COE but we are lacking more of them. Nevertheless, there are a few reports worldwide that discusses the importance of attending patients in COE since this could improve the outcome for these patients, for example: Mortality, which is an important outcome to assess, has been described as lower in all types of cancer when treated at these COEs.<sup>4</sup> Birkmeyer et al.<sup>5</sup> compared surgical outcomes regarding those designated by the National Cancer institute versus general hospitals. They found lower adjusted surgical mortality for colectomy, pulmonary resection, gastrectomy and esophagectomy and a trend to lower the mortality for cystectomy and pancreatic resection, however the long-term survival was similar in both groups. Additionally, Bristow et al.<sup>6</sup> found an increase adherence to Cancer Guidelines and a longer survival for ovarian cancer patients.

As it is described, these are just a few examples. Attending patients in COEs, improves the outcomes in cancer patients, specifically in mortality outcomes. I did not find

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any study regarding to quality of life; however, it is expected to improve this one also.

There are lots of information regarding this issue; however, I only wanted to call the readers attention to create or lead the organization of COE in Colombia and especially in Cali. This is a compromise of all of us and leaded from the academia at Universidad del Valle.

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Herney Andrés García Perdomo

*Director Grupo Asociado Cochrane – Grupo de Investigación en Urología ‘‘UROGIV’’, Profesor Asociado e Investigador Universidad Del Valle, Director Posgrados en Ciencias Clínicas Director de investigacion y directrices clinicas – Sociedad Colombiana de Urología, Colombia*  
*E-mail address: [herney.garcia@correounivalle.edu.co](mailto:herney.garcia@correounivalle.edu.co)*