Final FRCR Part B Clinical Oncology teaching course and contouring workshop

Wednesday 13th – Friday 15th February 2019, Lahore, Pakistan

Approved by the The Royal College of Radiologists, UK and SKMH

The three days course includes:

- Tutorials on all major tumour sites outlining most up-to-date management protocols
- Advice on examination technique/clinical skills
- Contouring workshop aimed at candidates preparing for the oncology exams and in training

Venue: Shaukat Khanum Memorial Cancer Hospital & Research Centre (SKMCH&RC), Lahore, Pakistan

Course Director: Dr Sundus Yahya MBBS, MRCP, MSc, FRCR.
(Consultant Oncologist, University Hospitals Birmingham, UK)

Course Faculty:
Dr Yakhub Khan (Consultant Oncologist, University Hospitals Coventry and Warwickshire, UK)
Dr Laura Pettit (Consultant Oncologist, Royal Shrewsbury Hospital, UK)
Dr Habib Khan (Consultant Oncologist, Royal Shrewsbury Hospital, UK)
Dr Tabinda Sadaf (Consultant Oncologist, SKMCH&RC, Lahore, Pakistan)
Dr Sumera Butt (Consultant Oncologist, SKMCH&RC, Lahore, Pakistan)

Course Coordinator: Dr Louise Price

For booking and queries or further information contact:

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Incorporating the Cochrane Shanks Jalil Travelling Fellowship and the Sir Howard Middlemiss Travelling Fellowship 2017

Shaukat Khanum Memorial Hospital and Research centre (SKMH&RC), Lahore, Pakistan. second visit February 2019

Pakistan has a population of 121 million people (2017 census), we learnt there are approximately ten centres delivering radiotherapy in Pakistan. We have 16 radiotherapy centres in the UK delivering radiotherapy to a population of 66 million.

Shaukat Khanum Memorial Hospital and Research Centre (SKMH&RC) is a charitable organisation established under the Societies Registration Act XXI of 1860 of Pakistan by former cricketer and current Prime Minister Imran Khan. Pakistan has government and private hospitals. SKMH&RC is the first specialist cancer tertiary centre in Pakistan in a private sector but is largely charitable – they also receive grants from the United Nations. SKM Hospital supports chemotherapy and radiotherapy free for over 70% of the patients, those patients have to pay for travel and accommodation only.

SKMH&RC has 195 inpatient beds, including an intensive care unit (ITU) and surgical facilities. Having visited the wards, they are well equipped.

We visited Lahore in May 2018 and delegates attending the FRCR revision course have kept in touch via email. One Doctor did an observership with Dr Sundus Yahya. Of those candidates attending in 2018 (and sitting the exam) 70% passed. This time around there were fewer candidates sitting FRCR however since our last visit one Clinical Fellow has decided to take FRCR in addition to local radiotherapy exams (See Figure 1).

Figure 1. Members of the radiotherapy department who attended lectures and facilitated our visit, all of whom were wonderful hosts.

Since our last visit, the radiotherapy department at SKM Hospital requested for more specialist physics input. Indeed, this was the major suggestion on the written feedback forms.
Travelling Fellowship 2017, visit 2 of 2

from our visit in 2018. Therefore, Ms Helen Howard, from Birmingham Medical Physics department volunteered to accompany us her visit was partially funded by SKM Hospital.

This worked fantastically as we could perform a multidisciplinary visit. The radiotherapy department at SKM Hospital are commissioning a 4-D computed tomography (CT) scanner (December 2019) and when it is established they want to start to deliver stereotactic ablative radiotherapy (SABR). We are very grateful that Helen Howard came along to add momentum to our visit.

We were informed that centres in India, are delivering SABR but it is not yet available in Pakistan.

SABR lectures

Day 1
On the first day of our second visit to SKM Hospital, Dr Yahya and SABR lead physicist Helen Howard delivered lectures on brain stereotactic radiosurgery (SRS) (based on the UK SABR consortium guidelines). At Queen Elizabeth Hospital (QEH) in Birmingham, Cyberknife is used for neuro-oncology SRS treatment delivery so basic concepts of SRS were covered. The session was preceded by neuroanatomy lecture delivered from local consultant radiologist, Dr Naveed, which helped delegates understand SRS delivery better. Lectures were well attended.

Day 2
The day started with a chest anatomy lecture from Dr Siddique, a local radiologist. Lectures on lung SABR were delivered, followed by a contouring workshop in the afternoon where the basic concept of mobile gross tumour volume (GTV) and 4-D CT contouring was discussed on real cases.

There is no breast cancer national screening program in Pakistan, one of many factors that leads to late presentations. One of the other initiatives of SKH is a mammogram bus which travels to local communities to provide women within the screening population on an ad hoc basis See Figure 2.

Figure 2. Sundus Yahya, Helen Howard and Louise Price by the Mammogram bus
Day 3
Our final day covered SABR techniques used within the abdomen. Talks focused on liver masses. The rate of HCC in Pakistan is higher than in the UK due to the increased prevalence of Hepatitis.

Feedback for SABR teaching and training course:
During these series of lectures, we had an audience of 15–25 people, including radiographers, residents, physics staff and consultant clinical oncologists. The feedback was very encouraging (100% would recommend the course/lectures to a friend and 79% found the lectures were very useful).

Day 4
We carried out the first day of FRCR part 2 lectures. We had 12 residents attending from within Pakistan and one from United Arab Emirates. Candidates were from SKM Hospital also other cancer hospitals within Lahore, Rawalpindi and Islamabad.

Local clinical oncology trainees in Pakistan outlined to their training pathway. Following medical school graduation, training is generally in one hospital. They do a house officer year followed by four years of oncology residency then two years of site specialisation as a clinical fellow. There are local examinations, led by the College of Physicians and Surgeons Pakistan (FCPS-II).

On day four, we had Skype lectures from consultant clinical oncologists in the UK – Dr Laura Pettit and Dr Habib Khan, both of the Royal Shrewsbury Hospital, West Midlands. The technology did not work as well as it previously had in 2018, during our last visit which caused a bit of delay. However, we eventually connected with colleges in the UK (see Figure 3).

Figure 3. Lectures to resident doctors from Dr Habib Khan of The Royal Shrewsbury Hospital
Day 5
On our final day of FRCR lectures, the conference calling was smooth and allowed us to deliver lectures with UK consultant clinical oncologists. We had lectures from Dr Yakub Khan, University Hospital of Coventry and Warwickshire and Dr Laura Pettit, Royal Shrewsbury Hospital.

Feedback for clinical oncology teaching course:
Feedback was very encouraging for the teaching course (83% found lectures to be very useful) with more time and more lectures requested! Time was, of course, our main limiting factor.

Feedback from SKH management:
We met Dr A Yusuf (Medical Director of SKH) along with the Radiotherapy Head of Department, Dr Tabinda Sadaf, who thanked us for our contribution towards SKH teaching and training. We discussed several future proposals including supporting the hospital in initiation and delivery of SABR programme. Other areas of discussion included collaborations for trainee and radiographer exchange programmes, radiotherapy quality assurance (RTQA) of SABR voluming and plans. QEH, Birmingham already has international fellows visiting from SKH but a similar programme doesn’t yet exist for clinical oncology trainees.

We thanked Dr A Yusuf and Dr T Sadaf for their support to enable us to successfully run this course and programme over two years.

Additionally, we remain grateful to rest of the faculty including Dr S Butt, Dr A Kazmi, Dr A Jamshed, Dr M A Shah, Dr Fawad-ul-Qamar for their interest and support in the training programme.

Social aspect of the trip:
We did have time to enjoy some of the sights of Lahore, we were well accommodated by our lovely hosts who took us out and about on several occasions. See Figures 4–6.

Figure 4. Lahore historical red light district
Figure 5. Minar-e-Pakistan
For more information please see our Facebook page where we have photos and video feedback from doctors and radiographers who attended the lectures and facilitated our visit.

**SpR: Dr Louise Price’s closing remarks**

After my second visit to Lahore, Pakistan I am left with the impression of a buzzing city, famous for food and hospitality. I have been welcomed into people’s homes and made friends during this 2–3 year process. The entire experience has been wonderful for me,
something that I will forever treasure. It has been a unique experience being able to see the resource constraints of healthcare in Pakistan. I have the upmost respect for the doctors, nurses and radiographers I have met at SKM hospital, as they deliver wonderful healthcare to a population that would otherwise be unable to afford it.

I would personally like to thank Dr Sundus Yahya who has facilitated the whole process, worked tirelessly on the project and been in regular contact with SKM Hospital. Thank you to The Royal College of Radiologists for giving us all this wonderful opportunity.

Consultant: Dr Sundus Yahya closing remarks
Time went by quickly during this fellowship, it was a lot of hard work with travelling and lecturing but so worthwhile after the face-to-face and written feedback received.

I have to thank Louise and Helen for their initiative for taking part in this great cause and the RCR for providing us the opportunity to further oncology teaching and training in areas of the world where it’s most needed.

I am also very grateful to my UK colleagues Dr Petit, Dr H Khan, Dr Y Khan who gave up their precious time second year in the running and woke up early mornings to deliver teaching and help me run the programme.

RCR staff have been fantastic in facilitating this visit and every one at the SKH from the management/ administration to the consultants/trainees have been dedicated and enthusiastic for this venture and made this successful.

I sincerely thank all involved during this programme. Above all, I am thankful to my husband and children who have always supported me so I could attempt to make a difference to improved patient care.