Kmeans clustering of inter versus intra-institutional volume variability coupled with quantile analysis of DVH values identified larynx, oral cavity, esophagus and constrictors as structures posing data quality risks to multi-institutional studies; contour practice assessment will be an essential next step.

Conclusions: This multi-institutional Big Data study has identified patterns of H&N RT practice variation. Resultant clinical practice recommendations for LAMBDA members pave way for next steps to improve plan quality through standardization and facilitate future studies of dosimetric data and patient outcomes.

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ENABLING ACCESS TO CERVICAL CANCER RADIOTHERAPY IN UGANDA: 10 YEAR UPDATE ON ROAD TO CARE

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Purpose: Uganda has one of the highest incidence rates for cervical cancer in the world with an age-standardized rate of 54.8 per 100,000 women, and mortality rate of 40.5 per 100,000 women [1]. Many women are not able to access treatment for their cancer, due to financial, logistical and social barriers. Road to Care, a Canadian charity dedicated to working with local partners, provides patients diagnosed with curable cervical cancer in south western Uganda, the financial and logistical means to access radiotherapy treatment.

Materials and Methods: Road to Care supports these patients with baseline workup and monitoring investigations, transportation, accommodations, subsistence and by covering the cost of treatment which totals up to 470 CAD per patient. This program runs through partnerships, networks and collaborations with local agencies such as Hospice Africa Uganda (HAU), the Kigezi Health Care Foundation (KIHEFO) and the Uganda Cancer Institute (UCI). Patients are identified through HAU and KIHEFO, and once investigations have been completed, they are referred to the UCI for treatment.

Results: Over the past 10 years (December 2009 to December 2019), a total of 1,163 patients were enrolled onto the Road to Care program. Eight hundred thirty-eight (72.1%) patients were stage IB2-IIIB and were referred to the UCI for treatment. Of those referred, 803 (95.8%) received radical chemoradiation while 35 (4.2%) received palliative radiotherapy. Of the 325 (27.9%) patients that were not referred to the UCI, 18 (5.5%) received a hysterectomy for early stage disease, and 307 (94.5%) received supportive care only due to advanced disease.

Conclusions: International collaboration and the creation of a financially supported care pathway has enabled 803 Ugandan women to access radical chemoradiotherapy for curable cervical cancer.


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THE LAY OF THE LAND: CANCER CARE FOR FIRST NATIONS, INUIT, AND MÉTIS PEOPLES OF CANADA

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Purpose: Cancer rates among Indigenous peoples of Canada (First Nations, Inuit, and Métis) are increasing dramatically. Indigenous peoples are at higher risk of cancers associated with known modifiable risk factors and face poorer survival rates. Generations of juridictional disagreement and systemic disenfranchisement have left Indigenous Canadians a vulnerable population burdened by numerous health disparities, and pervasive barriers in their pursuit of appropriate cancer care. This review explores the current Canadian cancer system for Indigenous people.

Materials and Methods: We searched databases for studies published between 1946 to February 2020 reporting on cancer policies and programs related to indigenous communities in Canada. The grey literature was also reviewed.

Results: Jurisdictional and administrative challenges to Indigenous health care date back to the country’s inception. While the provincial governments provide universal insured services to their citizens, including Indigenous peoples, the federal government administers health promotion and public health services, such as cancer screening, on First Nations reserves and Inuit communities. Indigenous Canadians face challenges at every step of the cancer care continuum, from preventative care to end of life care and survivorship. These challenges are largely geographic, administrative, and cultural in nature. The nuances of these challenges differ between specific Indigenous groups and communities but share major commonalities. Collaborative, multidisciplinary initiatives and careful coordination of interconnected services are being undertaken in effort to close these gaps and improve care.

Conclusions: Successful administration of cancer care for Indigenous populations demands involvement of Indigenous leadership. Pan-Canadian infrastructure to support and facilitate feedback mechanisms that promote locally-driven cancer policies are required to improve cancer care among these populations.

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A PAN-CANADIAN APPROACH TO PATIENT-CENTERED QUALITY IMPROVEMENT INITIATIVES: DEVELOPMENT AND PROMOTION OF PATIENT EDUCATION, ENGAGEMENT AND PATIENT REPORTED OUTCOME GUIDANCE DOCUMENTS

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Purpose: In 2011 the Canadian Partnership for Quality in Radiotherapy (CPQR) released its seminal document Quality Assurance Guidelines for Canadian Radiation Treatment Programs outlining the overarching elements of quality that are important in all radiation treatment (RT) programs. Since that time, there has been an interest expressed by the radiotherapy community to expand upon these guidelines with an increased emphasis on the patient focus which would promote alignment with accreditation standards and patient-centred practice. To this end, the CPQR initiated the development of a new suite of complementary documents to provide guidance for RT programs in the development and implementation of patient-centred quality improvement initiatives.