

Review of: "Establishing a Multi-disciplinary Adult Oncology Unit at Muhimbili National Hospital: Lessons Learned, Challenges, and Opportunities Amidst Tanzania's Growing Cancer Burden"

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Potential competing interests: No potential competing interests to declare.

Thank you for inviting me to read and review this important article describing the development and delivery of oncology services at the national cancer hospital in Muhimbili.

I enjoyed reading the paper and thought it was generally very well structured and written. There are a few areas which might benefit from greater clarification or from more detail.

1. The Introduction states that 25% of cancers are cervical [9], but your pie chart Figure shows only 8% of all cancers arise from the cervix. Clarification and potentially further discussion of this discrepancy are recommended.
2. Colorectal cancer appears to be the most common tumour type now seen from your Figure. How is this managed? Are surgeons part of the Oncology team, or are patients only referred if they have disease that has not been curatively resected elsewhere? Are there any plans to introduce a screening program for early colorectal cancer diagnosis?
3. Expanding this theme, what is the role of the Unit regarding screening? It is mentioned that this is incorporated, but I could find no discussion or description. If cervical and breast cancer together account for 35% of the cancer caseload in Tanzania, cervical smears and mammography would appear to be justified. Does such a program exist, and if so, what is the role of the Unit in this? If not, surely this could be an important urgent priority?
4. On the same theme, is there any prospect of introducing vaccination against HPV to school-age girls to mitigate against cervical cancer? This policy has seen a huge reduction in cancers in this generation. I accept that this has cost implications, but a cost-effective analysis would be worth considering, and a case could be made for prioritising this approach.
5. Some data on the increasing throughput and caseload of the Unit would add a sense of perspective to the paper. I'd recommend a Table showing figures for referrals, patients treated, and outcomes (perhaps even mean survival times for each cancer) on an annualised basis if this is available? If not, then it could be an important future objective. Such data would assist in obtaining future funding and expansion of clinical care, which could promote screening programs to prevent at least a proportion of late-stage referrals.



I commend the Team on their excellent work and encourage you to further develop the service.

Kind regards, Dr. Clive