

# Review of: "Implementation of the Adult Oncology Unit at Muhimbili National Hospital (MNH)"

Mende Mensa Sorato<sup>1</sup>

<sup>1</sup> Komar University of Science and Technology

**Potential competing interests:** No potential competing interests to declare.

Thank you very much for considering me as a reviewer for this interesting and timely title. I have general and specific comments for further improvement of the document.

## A. General Comments

1. A comparative study is needed to see the effect of the implementation of the new Oncology Unit
2. Reported outcomes need parameters for assessment and figures to compare
3. All program aims are also included in the limitations of the program, indicating premature reporting or technical problems in data handling
4. This can only be considered as a national government document until it becomes mature enough to show the outcomes based on scientific findings

## B. Specific comments

### 1) Introduction

Most of the reported national figures in the introduction section have no corresponding citations. For example, paragraphs 2, 3, 4, 5, 6, etc.

The expected outcome of the implementation is to address the escalating oncological burden and associated health system needs, including human resources, diagnostic facilities, Chemo admixture equipment and facilities, and cytotoxic chemotherapy drugs.

The study did not show any of these outcomes after the establishment and implementation of an adult oncology unit at Muhimbili National Hospital (MNH). For example, what was the level of access to cytotoxic chemotherapy drugs before and after implementation? What strategies have been used to improve access (availability, affordability, and quality) of these drugs?

### 2) Facility assessment

The facility assessment was done for (human resources, equipment for chemotherapy preparation and administration, availability of cytotoxic chemotherapeutic agents, and estimation of the number of people the facility can accommodate). There is also a need for surgical and laboratory equipment and facilities for the diagnosis and surgical management of

patients with surgically treatable cancers. What is done concerning the equipment for chemotherapy preparation and administration?

### **3) Implementation**

.... strict adherence to international guidelines, specifically evidence-based treatment protocols, is important for the management of cancer. However, strict adherence to international guidelines requires access to diagnostic and treatment facilities. Cancer treatment needs not only drugs for cancer management but also drugs and medicines for managing drug and disease-related adverse events. Nothing is reported about access to medicines for the treatment of neutropenia, anemia, thrombocytopenia, GI disturbances, nausea, vomiting, etc.

### **4) Benefits to Patients**

The reported benefits to patients, like improved quality of care and reduced waiting time, cannot be considered as benefits based on these findings, since there is no assessment done and no figure to compare.

### **5) Benefits to the Institution**

The same reasoning applies to the reported benefits to the institution, like the expansion of research and publications. There is no figure to compare it to.

### **6) Limitations**

The entire aim of the establishment and implementation of a tertiary hospital oncology unit is listed as a limitation of the project. For example, Space limitations and infrastructure expansion, Medication availability and procurement procedures, Staff shortage and workforce development, private chemotherapy administration wards, Research Challenges and Opportunities, and Strengthening the Cancer Registry. This makes it hard to see the impact of this project's implementation. It is better to wait until the project matures before reporting what is being done at this point.

### **7) Conclusion**

Concluding based on an incomplete report is difficult.

### **8) Reviewer recommendations**

1. Wait for the project to mature to report the visible outcomes.
2. Conduct a comparative analysis (e.g., before and after) to show the program outcomes.
3. Look into the care continuum again and design strategies to improve access to medicines and diagnostic facilities.
4. Cite the source of national figures.
5. This paper can be considered a facility directive for the establishment and expansion of oncology services.

