Submission Topic: How can we bridge the gap between Innovation and Access in cancer treatment?

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Problem Statement: All Cancer Hospitals across the country require the patient to be accompanied by a family member or an "attender". This individual must be responsible for the patient from the moment they enter the hospital to the time they step outside. The patient is not admitted into the ward without one, cannot receive chemotherapy, cannot undergo surgery, cannot receive blood transfusions etc. Their treatment is deferred to such a time where they do come back with an attender. Consider Mrs A. She is a 69-year-old female, a case of locally advanced breast cancer on curative intent neoadjuvant chemotherapy. She comes to the OPD with a delay of 1 week for when she was due for the next cycle because her husband has expired. She lost her only son when he was in his early 20s and now has lost the last remaining member of her family who was accompanying her to the hospital regularly. Yet she manages to reach the OPD alone because she understands the importance of continuing her cancer treatment. Consider Mrs B. She is a 37-year-old female, a case of metastatic breast cancer on palliative chemotherapy. During the course of her treatment her husband abandons her, and she is shunted to an outhouse in the home of her sister where she is not allowed to interact with her sister, nieces and nephews. Yet she manages to reach the OPD with a different neighbor each time unsure whether there will be anyone to accompany her for her next cycle. Consider Mrs C. She is a 78-year-old female, a case of recurrent GIST who requires assistance while walking. She is the only surviving member of her family. She has to pay an outsider each time to accompany her to the hospital because she is required support to walk the extreme ends of the hospital to pharmacy and for the admission process. Yet she manages to reach the OPD, literate enough to know that her total counts are low and she must find an attender to accompany her back to the hospital next week once her blood counts recover. Unfortunately, we see such scenarios on a daily basis in our OPDs. This leads to delayed treatment like in case of Mrs A, irregular, ineffective treatment like in case of Mrs B or even social issues where Mrs C is vulnerable to malicious intent of strangers who are after her money and assets. I offer the following, real-world solution to these problems.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here . (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Solution: The solution is to identify and match such patients with a caregiver that can accompany them for the duration of their treatment. This will benefit the patient greatly in terms on receiving their treatment adequately and effectively without the added pressure of finding reliable individuals for their next visit. Minimal first aid training and basic knowledge of cancer patient care can be taught to the community volunteers. An outreach program to access patients in a door-to-door manner in the suburbs and villages already exists in the various states. For example, in the state of Tamil Nadu, a trained nurse or VHN (village health nurse) is the first point of contact in the primary healthcare centers (PHC). Accredited Social Health Activists (ASHA) workers are trained for a similar purpose in the field of maternal and child health. However, a single VHN may be responsible for up to 1 to 1.5 lakh people. This may add undue pressure on already limited resources. Pharma companies like Roche enjoy a position where they can deploy resources to offer such services. An example would be for a patient who has purchased Pertuzumab may be offered this service of employing a caregiver to take the patient to

and from their home. It will of course include a system of checks and balances where only the patient fulfilling the eligibility criteria may be given this option. This service can be made available for a minimal fee as an additional service to eligible patients. This eliminates exploitation of vulnerable patients like Mrs C and ensures the timely treatment of curative intent patients who can live full lives post therapy like Mrs A. Companies like Roche have the capacity to spearhead an effort at the grassroot level. It increases employment in the community with an added benefit of increased cancer awareness. It is a structured, executable solution to increase compliance among cancer patients. It will set an example for other companies that enjoy the same privileges to improve access to patient care. At a policy level, it can be included into the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) in the long term.