

# **STELLA Project:** addressing challenges for improving radiotherapy access in Africa through collaboration and innovation

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# The Problem: Much of the world has limited or no access to Radiation Therapy

1. Even though RT is one of the most useful tool for cancer cure or pain-relief there is

- Inadequate supply of RT linear accelerators (Linacs)
- Gap greatest in low-middle income countries (LMICs)
- Only 10% patients in Low Income Countries have access to RT

2. Cannot deliver high-quality cancer care without a well-trained and adequate workforce

**3. If you don't know you have cancer you cannot treat it** so imaging technology is key and unfortunately the challenge is similar as for access

## Availability of **RADIATION THERAPY**

Number of Radiotherapy Machines per Million People

IAEA, 2012



25 MILLION CASES PREDICTED IN 2035, 65–70% WILL OCCUR IN LOW-AND MIDDLE- INCOME COUNTRIES

## Lancet Oncology Commission : RT access still showing huge disparities



May Abdel-Wahab, et al. Radiotherapy and theranostics: a Lancet Oncology Commission. The Lancet Oncology, Volume 25, Issue 11, e545 - e580,

### **CT** Scanners Distribution per Million Population



Figure 2: Estimates of the number of CT scanners per million inhabitants

Data are from the International Atomic Energy Agency medical imaging and nuclear medicine global resources database (IMAGINE). The map was produced by the International Atomic Energy Agency (Vienna, Austria) and is included here with permission.

CT scanners are an essential diagnostic tool in cancer care. However, high-income regions like North America and Europe have significantly higher access to CT scanners compared to LMICs.

#### **Disparities in Access to Oncologists**

The global distribution of oncologists per million inhabitants varies greatly, highlighting disparities in cancer care.



**Global Distribution of Oncologists** 



**High-income regions** like the US and North America have significantly more oncologists, with **33.87 and 31.72 per million inhabitants**, respectively.

Low-resource regions, such as Africa and South America, face severe shortages, with only 1.36 and 8.1 oncologists per million inhabitants.

This imbalance means that cancer patients in lower-income countries have far less access to specialized cancer care, directly affecting outcomes and treatment availability.



# **Cancer Care is a Multidisciplinary Team Effort**

# **PROJECTED WORKFORCE SHORTAGE 2030**

# **18** mil\* **6.1** mil\*\* GLOBALLY\* AFRICA\*\*

80% of the population in LMIC is without access to a trained oncology provider

\*Srivastava A, et al: Tracking the Workforce 2020-2030: Making the Case for a Cancer Workforce Registry; JCO Global Oncology September 22, 2024

\*\*Ahmat A, et al. The health-workforce status in the WHO African Region: findings of a cross-sectional study. BMJ Glob Health 2022;

# There are dramatic disparities in Access in LMICs

Africa: 400 RT units for around 1.4 billion people 1 machine per 3.5 million people US: 4000 RT units for around 340 million people I machine for 86, 000 UK: 360 RT units for around 68 million people 1 machine per 190,000 Switzerland: 85 for 8.8 million people 1 machine for 100,000

- By 2030, there will be 1.4 million new cases of cancer and there will be 1 million cancer deaths in Africa
- In 2019 only 28 countries had RT facilities
- Over 60% are in just 3 countries: South Africa, Egypt and Morocco
- 20 countries have none



Created with mapchart.net ©International Cancer Expert Corps (ICEC) 2023

The Project STELLA is dedicated to:

- Expanding access to high-quality cancer treatment globally
- Developing an innovative and transformative radiation therapy treatment system
- Driving down the cost out of RT and cancer care
- An enhanced training, education and mentoring program that catalyses RTT implementation in the global context





## Building the STELLA collaboration and defining a strategy

- 1<sup>st</sup> Design Characteristics of a Novel Linear Accelerator for Challenging Environments, November 2016, CERN
- 2<sup>nd</sup> Bridging the Gap Workshop, October 2017, CERN
- 3<sup>rd</sup> Burying the Complexity Workshop, March 2018, Manchester



• 4<sup>th</sup> Accelerating the Future Workshop, March 2019, Gaborone









# Data Obtained from African Countries That Have LINAC-based RT and from HICs



### GNP and Ratio of Inhabitants to Linacs and Cancer Mortality



Ige et al, Surveying the Challenges to Improve Linear Accelerator-based Radiation Therapy in Africa: A Unique Collaborative Platform of All 28 African Countries Offering Such Treatment. Clin Onco, 2021 33e521-e529 https://doi.org/10. 1016/j.clon.2021.0 5.008

# LINAC Downtime by Country





# Main Reason for LINAC Downtime: Access to Spare Parts





### Downtime: General Comparison Between African Regions and HICs





Reducing the head count of specialists per Linac

Reducing the cost of 'Gray per day'

Raj Jena, Cambridge

Our STELLA researchers are working on a number of novel AI applications to achieve both goals

*"Where someone lives should not determine whether they live"* 



# Thank You for Listening and to STELLA team

