

The "O6" committee: an untiring soldier in the Tunisian fight against gynecologic cancer

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The Institute Salah Azaiez has been the Public Anti-Cancer Center in Tunisia since March 20, 1969. It has thus offered over 50 years of cancer care to our population. The center comprises 10 departments: Surgical Oncology, oto-rhino-laryngology, Medical Oncology, Radiation Oncology, Nuclear Medicine, Histology, Immuno-histocytology, Diagnostic Radiology, Biology, and Epidemiology. Like every anti-cancer center, the decision-making process is made in a multidisciplinary meeting, known in our institution as a committee. One of those committees is dedicated to gynecologic malignancy. It is known as "Committee O6" and has been working since March 1969 (Figure 1) to help improve care.

Since that date Committee O6 through its leading members has been a cornerstone in the field of gynecologic malignancies, with multiple roles in establishing and promoting standard of care.

As part of its role promoting the best standard of care for Tunisian patients, Committee O6 members have produced the first country-specific guidelines (Figure 2) for gynecologic cancers based on the international state of the art. As a team we have worked to adapt these international standards to our reality. This has helped in terms of recognizing and addressing our limitations and focusing on what we need to do to maintain our health system at a viable, high-quality level.

Since 2011 and the Arab Spring, approximately 4000 women per year have had surgery for various tumor types. Each year approximately 60 women had access to radical hysterectomies for cervical cancer. One hundred others had hysterectomies mainly for endometrial cancer and also early-stage cervical cancers. More than 60% of women diagnosed with ovarian



Figure 1 The O6 Committee meeting.

cancer underwent optimal to complete cyto-reductive surgery.

Since 1969, a mean of 20 cases has been discussed per committee meeting. In addition to its role in decision-making, the committee through its members has worked to improve and homogenize women's health care. Committee O6 members have been collecting and analyzing data from these patients, and comparing it to the existing international

data. The aim has been to offer the best care possible for our patients. Despite being mostly retrospective, this data has been a vital tool in developing our standard of care. In 2018, Committee O6 started an early feasibility study to evaluate the safety and efficacy of dual tracer sentinel lymph nodes in stage I endometrial cancer.

For Tunisian health care to keep pace with the standards of more developed countries in terms of endometrial

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THE TUNISIAN COUNTRY-SPECIFIC GUIDELINES FOR ENDOMETRIAL CANCER

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Figure 2 Published Abstract describing the country-specific guidelines for endometrial cancer.

Corners of the world

cancer, the committee members have been working to implement molecular classification. Currently, this work is at an early stage of development. After finishing the feasibility and cost evaluation, the committee recently agreed on the algorithm for patient selection and has moved to the second stage of the project. Since 2019, committee members have also taken a more regional role. This role came after joining the Middle East and Mediterranean Association of Gynecologic Oncologists (MEMAGO)/International Gynecologic Cancer Society (IGCS)/Extension for Community Healthcare Outcomes (ECHO) project. The committee also discusses challenging cases with other known teams

from the region and other parts of the world. Despite the difficult economic situation and thanks to the work of many people, the committee and its individual members have maintained appropriate care for patients.

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