



AMAFRICA, a patient-navigator program for accompanying lymphoma patients during chemotherapy in Ivory Coast: a prospective randomized study

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Abstract:

Background: Previous studies have indicated that accompanying socially underserved cancer patients through Patient Navigator (PN) or PN-derived procedures improves therapy management and reassurance. At the Cancer Institute of Toulouse-Oncopole (France), we have implemented AMA (Ambulatory Medical Assistance), a PN-based procedure adapted for malignant lymphoma (ML) patients under therapy. We found that AMA improves adherence to chemotherapy and safety. In low- middle income countries (LMIC), refusal and abandonment were documented as major adverse factors for cancer therapy. Based on these findings and considerations, we concluded that AMA was a simple and relatively inexpensive procedure that could be applied to LMIC patients and that had the potential to efficiently reduce refusal or abandonment of therapy or to improve observance in treated patients.

Methods: we designed a randomized study comparing the standard survey procedure and AMA (here designated as AMAFRICA) in a cohort of 100 lymphoma patients treated with chemotherapy in the Clinical Hematology Department of Abidjan University Medical Center (Ivory Coast) in collaboration with Toulouse. One hundred African patients were randomly assigned to either an AMA or control group. Main criteria of judgment were refusal and abandonment of CHOP or ABVD chemotherapy.

Results: We found that AMA was feasible and had significant impact on refusal and abandonment. However, only one third of patients completed their therapy in both groups. No differences were noted in terms of complete response rate (CR) (16% based on intent-to-treat) and median overall survival (OS) (8 months). The main reason for refusal and abandonment was limitation of financial resources.

Conclusion: Altogether, this study showed that PN may reduce refusal and abandonment of treatment. However, due to insufficient health care coverage, its ultimate impact on OS remains limited.

Biography

Professor Gustave Koffi (with his team on the picture above) of the Yopougon teaching hospital in Abidjan saw these results as a potential solution to reducing the treatment-dropout rate in Côte d'Ivoire and, as 60% of the population has a mobile phone, this simple and inexpensive plan met feasibility criteria. With seven years' experience and 1,300 patients monitored, the Toulouse ILCTO and the AMA association, led by Guy Laurent, became the project's scientific partners. Amafrica was born and the Fondation Pierre Fabre found it to be a worthy investment, as it is in line with the Foundation's mission of improving access to quality healthcare.

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