

# Current Status of Cancer Care services in Pakistan .

This survey seeks to assess the current landscape of cancer care in Pakistan. Our objective is to gain an accurate understanding of existing practice standards, identify strengths and weaknesses in the system, and evaluate cancer care at the grassroots level.

We kindly ask you to complete this survey, which implies your consent to participate and confirms your status as a qualified cancer care consultant physician practicing in Pakistan.

To ensure the validity of this survey, we will collect your email and some brief demographic information

*\* Indicates required question*

---

1. Email \*

---

2. Your Name \*

---

3. Your City Of Practice \*

---

4. Gender \*

*Check all that apply.*

- ☐ Male  
☐ Female

## 5. Your Specialty \*

Please Specify if from other cancer care related field in "other " section

*Check all that apply.*

- ☐ Medical Oncology
- ☐ Radiation Oncology
- ☐ Clinical Oncology
- ☐ Surgical Oncology
- ☐ Other: \_\_\_\_\_

## 6. Years of Practice \*

*Check all that apply.*

- ☐ < 5 years
- ☐ 5-10 years
- ☐ > 10 years

## 7. Please Specify your main place of Practice \*

*Check all that apply.*

- ☐ Academic Teaching Hospital
- ☐ Non Teaching Tertiary Care Hospital
- ☐ Private personal practice
- ☐ Private group practice
- ☐ Private hospital practice
- ☐ Other: \_\_\_\_\_

## 8. Do you regularly hold multidisciplinary team (MDT) meetings for cancer cases? \*

*Check all that apply.*

- ☐ Yes
- ☐ No

## 9. Are all new cases discussed in an MDT? \*

Please state any comments in Others section

*Check all that apply.*

☐ Yes

☐ No

☐ Other: \_\_\_\_\_

## 10. Do you have site-specific MDTs (select yes if you have at least 3 separate meetings )? \*

*Check all that apply.*

☐ Yes

☐ No

☐ Other: \_\_\_\_\_

## 11. Which specialists are typically part of the MDT? (Select all that apply)

*Check all that apply.*

☐ Medical Oncologists

☐ Surgical Oncologists

☐ General Surgeon

☐ Trainee Physicians

☐ Radiologists

☐ Radiation Oncologists

☐ Nurse Specialists

☐ Social Support Service

☐ Nutritionists

☐ Pharmacists

☐ Other: \_\_\_\_\_

## 12. Is the MDT decision binding on clinical decision in your institution? \*

*Check all that apply.*

☐ Yes

☐ No

13. Which of the following Diagnostic / Support services are readily available at your facility? \*

*Check all that apply.*

- ☐ CT Scan  
☐ MRI  
☐ PET Scan  
☐ Interventional Radiology  
☐ Histopathology with IHC

14. What is the average waiting time for diagnostic results (e.g., pathology reports)? \*

*Check all that apply.*

- ☐ < 7 days  
☐ 7-14 days  
☐ > 14 days

15. Do you face resource or equipment shortages that delay or limit accurate diagnosis? \*

*Check all that apply.*

- ☐ Yes  
☐ No

16. Which of the following Clinical decision Making Diagnostic Tests are readily Accessible to your Patients? \*

*Check all that apply.*

- ☐ HER 2 By IHC  
☐ HER 2 Gene Amplification by FISH  
☐ MMR status by IHC  
☐ PDL 1 CPS/TPS by IHC  
☐ RAS BRAF testing by Molecular Testing  
☐ ER PR status by IHC  
☐ Other: \_\_\_\_\_

17. If yes, what proportion of patients have can afford these tests?

*Check all that apply.*

- ☐ 100%
- ☐ 50-100%
- ☐ <50%

18. Do you have access to advanced molecular testing (e.g., NGS)?

*Check all that apply.*

- ☐ Yes
- ☐ No

19. If yes, what proportion of patients have can afford these tests?

*Check all that apply.*

- ☐ 100%
- ☐ 50-100%
- ☐ <50%

20. Do you offer comprehensive treatment modalities at your facility, (surgery, chemotherapy, radiotherapy, )? \*

*Check all that apply.*

- ☐ Yes, all facilities available at the same place.
- ☐ Yes, but not at the same place, we refer .
- ☐ No, we just provide limited services

21. What Range of Systemic therapies are available to your patients \*

*Check all that apply.*

- ☐ Chemotherapy
- ☐ Oral Targeted Therapies
- ☐ Monoconal Antibodies ( general )
- ☐ Immunotherapies

## 22. For Radiation Therapy , how many LINACs do you have \*

Please mention other facilities like Gamma knife, Cyberknife, tomotherapy - in "other" section

*Check all that apply.*

- ☐ 1  
☐ 2  
☐ > 2  
☐ Not Applicable  
☐ Other: \_\_\_\_\_

## 23. Do you have brachytherapy facility in your department \*

You can fill in Specific Brachytherapy that is offered in the "other" section .

*Check all that apply.*

- ☐ Yes For Gynecological cancers  
☐ Yes for Prostate Cancers  
☐ No its not available  
☐ Not Applicable  
☐ Other: \_\_\_\_\_

## 24. Do you have any of the following Radiation therapy related facilities available \*

*Check all that apply.*

- ☐ IGRT; KV/MV  
☐ IGRT; CBCT  
☐ SGRT  
☐ DIBH  
☐ Fiducial Marker  
☐ Not applicable  
☐ Other: \_\_\_\_\_

## 25. Does your Centre Have Specialized Surgical Oncology Service \*

Please add what surgical specialty e.g. Gynecological oncology/ Breast Surgery/ Colorectal / Pancreatobiliary in the " other section" if you answer yes

*Check all that apply.*

☐ Yes

☐ No

☐ Other: \_\_\_\_\_

## 26. Are there funding or financial aid programs available for patients who cannot afford treatment? \*

*Check all that apply.*

☐ Yes

☐ No

## 27. If Financial Aid is available, it is

*Check all that apply.*

☐ Largely funded by the government

☐ Largely funded by philanthropic support

## 28. Are rehabilitation services (e.g., physical therapy, mental health support) accessible to your patients ?

*Check all that apply.*

☐ Yes, at the same place of my practice

☐ Yes , But not at the same place of my practice

☐ No , Not Available

## 29. Do you have a specialized palliative care service available at your place of practice? \*

*Check all that apply.*

☐ Yes

☐ No

30. The patients at your practice facility are reported to a Cancer registry \*

*Check all that apply.*

- ☐ Yes  
☐ Maybe  
☐ No

31. Do you have a dedicated research department for cancer at your center? \*

*Check all that apply.*

- ☐ Yes  
☐ No

32. Are there ongoing research or clinical trials at your facility? \*

*Check all that apply.*

- ☐ Yes  
☐ No

33. Do you have an Electronic Health Records System ( EHR ) in place at your main practice? \*

*Check all that apply.*

- ☐ Yes, fully  
☐ Yes , Partially  
☐ No

34. Are there significant delays in obtaining essential cancer medications? \*

*Check all that apply.*

- ☐ Yes  
☐ No

35. If yes, what are the main causes? (select all that apply ) \*

*Check all that apply.*

- ☐ Supply Chain
- ☐ regulatory barriers
- ☐ Cost and payments
- ☐ Others

36. Are generic/biosimilar versions of targeted therapies or immunotherapies available and accessible? \*

*Check all that apply.*

- ☐ Yes
- ☐ No

37. What proportion of patients can afford targeted therapies or immunotherapy without financial aid? \*

*Check all that apply.*

- ☐ 0-20 %
- ☐ 20-50%
- ☐ > 50%

38. Does your facility have a dedicated chemotherapy or infusion unit? \*

*Check all that apply.*

- ☐ Yes
- ☐ No

39. Are specialized nursing staff and onco-pharmacists available to administer and monitor systemic therapies? \*

*Check all that apply.*

- ☐ Yes
- ☐ No

40. Are there protocols in place for monitoring and managing systemic therapies , including immunotherapies , related adverse events? \*

*Check all that apply.*

- ☐ Yes for Chemotherapies only  
☐ Yes for All systemic therapies  
☐ Partially available  
☐ No

41. How often are patients unable to complete planned therapy due to toxicity or lack of support? \*

*Check all that apply.*

- ☐ >50%  
☐ 25-50%  
☐ <10%

42. What are the most significant challenges you face in delivering state-of-the-art oncology care? (Please specify.) \*

*Check all that apply.*

- ☐ Financial  
☐ Accessibility  
☐ SocioCultural  
☐ Staff Shortage  
☐ Other: \_\_\_\_\_

43. Are there partnerships or collaborations with international institutions to enhance oncology education? \*

*Check all that apply.*

- ☐ Yes  
☐ No

44. Do trainees have sufficient employment opportunities in your country after completing their training? \*

*Check all that apply.*

- ☐ Yes  
☐ No

45. Are there enough opportunities for young clinicians to specialize in oncology within your country or region? \*

*Check all that apply.*

- ☐ Yes  
☐ No

46. Name three strengths / you are proud of at your place of work

---

47. Please Identify three limitations in your practice

---

48. Are you Satisfied by the financial compensation that you receive by practicing your specialty \*

*Check all that apply.*

- ☐ Yes  
☐ No  
☐ Somewhat

49. Are you able to maintain a work life balance as you practice your specialty \*

*Check all that apply.*

- ☐ Yes  
☐ No  
☐ Somewhat

50. Thank you for your time , you may wish to enter the date you filled this Survey

---

*Example: January 7, 2019*

---

This content is neither created nor endorsed by Google.

**Google Forms**