

<b>1. Project title</b>
Pathological capacity and system improvement for cervical cancer in Cambodia
<b>2. Country name</b>
Cambodia
<b>3. Background</b>
<p>Cervical cancer is the number one cause of cancer death among women in Cambodia. Screening and early-stage treatment are proven to be effective in reducing cervical cancer mortality, but these effective interventions are not widely implemented in the country. Furthermore, few development partners are willing to assist in implementation of these interventions, as it requires highly technical skills and specialized experts.</p> <p>In view of this situation and increasing needs of cervical cancer prevention, the Japan Society of Obstetrics and Gynecology (JSOG) and Cambodian Society of Gynecology and Obstetric (SCGO) agreed on a launch of a project for early diagnosis and treatment of cervical cancer (Cambodia Cervical Cancer Project), which started in 2015, co-funded by this program and JICA. The National Center for Global Health and Medicine (NCGM), Japan has been assisting in management and implementation of this project. So far, the project has offered health education and HPV test-based screening and provided series of training sessions on early treatment for Cambodian gynecologists. The outcomes include development of SCGO cervical cancer clinical protocols, implementation of the protocols in three national hospitals, and increased number of patients with cancer screening and treatment. It has also revealed that the bottleneck for scale-up of the screening program lies in the limited capacity of pathological service with only 4 pathologists, 5 residents, and about 15 technologists working in the whole country. The recent global trend to compensate scarce pathological service is to utilize telediagnosis, but the capacity of technologists to prepare adequate specimens is still limited and there is much to be improved before telediagnosis can be used. Basic pathological equipment is already set up in the three main national hospitals. Technical transfer from Japan will help improve the capacity of pathological technologists in preparing higher quality specimens and pathologists in making better diagnosis. It will also provide guidance to nurture future pathologists and technologists in the country.</p>
<b>4. Objective</b>
<ul style="list-style-type: none"> <li>•To improve technical capacity of pathology staff (technologists and pathologists)</li> <li>•To strengthen pathological service system in Cambodia</li> </ul>
<b>5. Program outline</b>
<p>This project targets pathologists, residents, and pathological technicians in four national hospitals (Khmer Soviet, Calmette, Preah Kossomak, National Maternal and Child Health Center(NMCHC) ) and University of Health Science through training program at hospitals in Japan and on-site training/lectures in Cambodia.</p> <p>This is the third year of capacity building for pathologists and technologist, based on the achievement so far, Ministry of Health made a decision to expand a pathology laboratory in NMCHC as the forth public hospitals.</p>
<b>6. Implementation structure</b>
6-1. <u>Japanese side</u>

NCGM Bureau of International Health Cooperation will be the focal of this project and assist in communication and coordination among project members in both countries. Japanese Society of Clinical Cytology (JSCC) and Japanese Society of Pathology will recommend Japanese experts and training facilities.

#### 6-2. Counterpart country side

The main counterpart will be the SCGO. Target hospitals for capacity development will be the four national hospitals in the capital (Khmer Soviet Friendship, Calmette, Preh Kossomak) and University of Health Science. SCGO will coordinate with pathologists and pathology technologists for regular clinical pathological conferences (CPC).

7. Indicator	
7-1. Output	<p>&lt;Technologists&gt;</p> <ol style="list-style-type: none"> <li>1) Standard operational procedures (SOP) are made in the three national hospitals</li> <li>2) Adequate staining slides are prepared based on SOP (more than 80% of slides in the three national hospitals)</li> <li>3) Quality of slides are self-evaluated by standard format in three hospitals (3 times per year)</li> <li>4) A new pathology department start functioning at NMCHC.</li> </ol> <p>&lt;Pathologists&gt;</p> <ol style="list-style-type: none"> <li>1) Case conferences of common pathological slides with Japanese experts (10 cases each for GI tract, uterine and breast diseases)</li> <li>2) Clinical pathological conference (CPC) is conducted (four times)</li> </ol>
7-2. Outcome	<p>&lt;Technologists&gt;</p> <ol style="list-style-type: none"> <li>1) Number of slides self-evaluated for the quality (12 cases per hospital)</li> <li>2) Evaluation of slides by Japanese experts (score more than 70%)</li> <li>3) Pathology department at NMCHC will function (30 cytologies and 10 pathology cases per month)</li> </ol> <p>&lt;Pathologists&gt;</p> <ol style="list-style-type: none"> <li>1) Diagnostic concordance rate between Cambodian and Japanese pathologists (more than 70%)</li> <li>2) Presentation was selected from CPC, abstract prepared and accepted, and presented</li> </ol>
7-3. Impact	<p>&lt;Both Technologists and Pathologists&gt;</p> <ol style="list-style-type: none"> <li>1) Specialty courses open and continue to nurture pathology technologists and pathologists</li> <li>2) Society of pathology is established</li> <li>3) Pathology teleradiology is started between Japan and Cambodia</li> </ol>
8. Main activities	
8-1. Training in 2019	
1)	Training in Cambodia (Dispatch 4 Japanese experts and NCGM staff for 1 week in May, June, September, December, and January)
2)	Training in Japan back to back with JSCC annual conference (site visit for 3 days) in June and November.