African Perspective on Oncology Rehabilitation in an HIV Pandemic Environment: Breast Cancer in KZN, South Africa.

C D Ness, UKZN School of Health Sciences

H Myezwa, Wits School of Physiotherapy

I Buccimazza, Nelson Mandela School of Medicine

Introduction

Africa comprises 10% of the global population, carries 24% of the global disease burden and has 1% disposable resources to fund healthcare. Breast cancer and cervical cancers are the most prevalent cancers in women, with HIV-related cancers emerging as an important field of study. South Africa, is self-sustaining with respect to healthcare, but is plagued by preventable cancers and insufficient capacity to treat the population.

Aim

The aim of this paper is to

1. Describe Breast Cancer rehabilitation as it pertains to developed countries and in the low resource setting of KZN, using anecdotal information from clinicians in both state and private sectors of the province.
2. Identify the research needs in Oncology rehabilitation specific to low resource settings
3. Describe a methodology to address the paucity of data.

Method

A review of data bases for African specific research into the role of Oncology Rehabilitation in Breast Cancer, HIV-related cancers and Oncology in general, combined with anecdotal information on the provision of oncology rehabilitation within the state sector and private sector of KZN was researched.

Results

There are no current reports or research papers relating to Breast Cancer or broader oncology rehabilitation protocols in Africa or South Africa. The South African Council for Medical Schemes released the Draft Policy on management of locally advanced and metastatic breast cancer in 2016, defining “multidisciplinary” as comprising surgical, radiological and oncological professionals. There is no consideration for supportive professionals such as Physiotherapists/Breast nurses/Occupational therapists, who through Oncology Rehabilitative measures, contribute to the care of the individual and enhance quality of life through and beyond oncology treatment into survival. In the private sector of KZN, where the majority of Oncology services exist, there is a shortage of suitably trained Oncology Physiotherapists, while in the state sector, Oncology Rehabilitation is on an *ad-hoc* basis when musculo-skeletal dysfunction is present. Oncology rehabilitation is not seen as necessary for well-being.

Conclusion

The paucity of data relating to Oncology Rehabilitation specific to the South Africa setting prompted the author to undertake a PhD to define the Breast Cancer Prevalence of Lymphoedema, describe the rehabilitation needs of survivors and implement a six-month randomised Control Trial as the first contribution of Physiotherapy Guidelines for the treatment of Breast Cancer in a low resource setting.