

## How will the results be disseminated?

EquityCancer-LA will adopt a comprehensive and efficient approach to maximize the research impact during and beyond the project that will include the **co-production of knowledge** with **key social actors**, and **different strategies** for dissemination and exploitation of results, communication and capacity building. The **main dissemination strategies** and tools are:

- ★ Meetings, workshops, webinars, media dissemination with the participation of health professionals, managers, researchers and policy makers.
- ★ Dissemination to relevant organisations (academic, governmental and non-governmental, civil society, etc.) in the participating countries as well as to international agencies (e.g. PAHO/WHO, International Agency for Research on Cancer) and networks, (e.g., Global Alliance for Chronic Diseases-GACD, Latin American Cancer Institute Network).
- ★ Integration of results, methods and tools to improve clinical practice on diagnosis of cancer in training programmes of universities and health services.
- ★ E-tools with recommendations to implement the intervention.
- ★ Participation in conferences and elaboration of technical and scientific open access publications.

## Funding

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 965226 on the call topic SC1-BHC-17-2020, Global Alliance for Chronic Diseases - Prevention and/or early diagnosis of cancer.

## More information on the project

To learn more about the EquityCancer-LA project and its results visit our website or contact us at:

[www.equity-la.eu](http://www.equity-la.eu)  
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## Participants

This project is led by the Consortium for Health Care and Social Services of Catalonia, through its Health Policy Research Unit



Consorci de Salut i Social de Catalunya

and it is developed in collaboration with the following institutions:



Research Foundation

Sant Joan de Déu Research Foundation, Spain



Escuela de Salud Pública  
Facultad de Medicina  
Universidad de Chile

University of Chile, Chile



Universidad del Rosario

Universidad del Rosario, Colombia



Facultad de Medicina  
Pontificia Universidad Católica del Ecuador

Pontifical Catholic University of Ecuador, Ecuador



University of Lisboa, Portugal



University of Copenhagen, Denmark



**Improving equity in access to early diagnosis of cancer: implementation research in different healthcare systems of Latin America**



[www.equity-la.eu](http://www.equity-la.eu)

*This leaflet reflects only the views of the participants. The European Commission is not responsible for any use that may be made of the information contained therein.*

## What is EquityCancer-LA?

It is a **research project** that aims at evaluating the contextual effectiveness of scaling-up a multicomponent integrated care intervention to **improve early diagnosis of cancer**, taking a participatory approach, in healthcare networks of **Chile, Colombia and Ecuador**.

**EquityCancer-LA** builds upon previous work of the research projects **Equity-LA** (2009-2013) and **Equity-LA II** (2013-2019) investigating access to care and integrated care interventions in Latin America, and adds to them by expanding to early cancer diagnosis.

## Why is this research important?

- ★ **Healthcare fragmentation** and **poor quality primary care (PC)** in Latin America (LA) are **main causes for delay in cancer diagnosis** and treatment, contributing to high and steadily increasing mortality rates, particularly among disadvantaged populations (e.g. in socioeconomic terms).
- ★ Evidence from LA suggests that **most delays** occur between initial consultation and diagnostic confirmation of cancer.
- ★ **Integrated care interventions** to **strengthen PC** and increase **care coordination across care levels** have proven effective at improving cancer early diagnosis, mostly in high-income countries, and are also promoted by national cancer plans in LA, but limitedly implemented and evaluated.
- ★ A **participatory approach**, involving main actors in **tailoring the intervention**, lends greater contextual **relevance** and **validity** to the intervention, facilitates its **integration in clinical practice** and **sustainability over time**.
- ★ Thus, conducting **implementation research**, taking a participatory approach, is essential to generate evidence on the effectiveness and costs of implementing integrated care interventions in real-life conditions, that can be translated into effective policies for a variety of socioeconomic contexts and health systems.

## What are the objectives of EquityCancer-LA?

- To analyse **delays in cancer diagnosis, associated factors**, and **key access barriers and facilitators** of early diagnosis related to the context and population characteristics of the most frequent cancers in each public healthcare networks.
- To **adapt and scale-up**, through a participatory approach, a **multicomponent integrated care intervention** to improve early diagnosis of the most frequent cancers in each particular context based on three core components – training of PC teams, a fast-track referral pathway, and a patient information strategy to navigate the services.
- To **evaluate the contextual effectiveness and the implementation process** to identify the factors related to the context, process and intervention content that determine their sustainability and applicability in other contexts.
- To evaluate the **cost of the intervention and its implementation** and estimate the cost-effectiveness of the intervention, in order to inform the scaling-up and rollout of the intervention in other settings.
- To **develop a strategy and tools for the sustainable large-scale implementation** of the multicomponent integrated care intervention in order to translate the evidence into innovative and effective policies for cancer control in LA and beyond.

## How is the project conducted?

EquityCancer-LA adopts a participatory, interdisciplinary mixed-methods implementation research approach to evaluate a complex intervention. The design is two-pronged: a) a **quasi-experimental design** (controlled before and after) with an intervention and a control healthcare network to evaluate the intervention; b) a **case study** design using multiple sources of evidence, to analyse access to early diagnosis.

Focussing on the most vulnerable socioeconomic populations, it is developed in four phases:

**Phase 1:** Analysis of delays, related factors and contextual barriers to early diagnosis of cancer (base-line).

**Phase 2:** Adaptation and scaling-up of the multicomponent intervention in the healthcare networks in real life.

**Phase 3:** Intra-country evaluation of interventions.

**Phase 4:** Cross-country analysis.

A **local steering committee (LSC)** will be established in each country consisting of health professionals, users, managers, local policy makers and researchers and will be in charge of the adaptation and implementation of the interventions. The LSC will participate in all project phases ensuring the institutionalization of the interventions and its dissemination to other parts of the system.

## What will this project contribute to current knowledge?

- ★ **Robust evidence** to inform the design of health policies on contextual effectiveness and costs-effectiveness of an affordable, tailored intervention to reduce diagnostic delays; and a validated strategy for its large-scale implementation in LA and other low and middle-income countries.
- ★ **Novel data** on delays and key barriers and facilitators to early diagnosis and inequalities in access.
- ★ **e-tools** to improve clinical practices and research on early cancer diagnosis.