Gynecologic Oncology

Developing national gynecologic oncology protocols: The power of an academic institution, teaching hospital, and professional society

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Gynecological cancers are a substantial and unevenly managed burden on women's health in Kenya (1). Cervical cancer accounts for a substantial proportion of gynecologic cancer incidence and mortality in Kenya. Less common malignancies include cancers of the vulva and vagina, uterine sarcomas, sex cord-stromal and germ cell tumors, and gestational trophoblastic neoplasia. Variation in staging practices, treatment sequencing, referral pathways, treatment options, and outcome measurement may contribute to differences in gynecologic oncology care across centers. Such variation may affect the consistency of care and ability to evaluate outcomes across centers. Contextualized Kenyan protocols may help address this challenge.

Developing such protocols de novo is resource-intensive and time-consuming. International clinical guidelines are already available, with much of the underlying evidence have been systemically identified and appraised (2). Adapting these guidelines to the Kenyan context may therefore be more feasible than developing recommendations de novo, provided that recommendations are critically assessed for their applicability to local resources, health-system structures, and patterns of disease (3). This approach informed the development of the 9 protocols included in this supplement. The University of Nairobi (UoN) and Kenyatta National Hospital (KNH) provided leadership for the process, contributing clinical expertise and methodological oversight, including appraisal of the draft protocols using the AGREE II instrument (4). Gynecologic oncology fellows contributed substantially to drafting the protocols (5). The Gynaecologic Oncology Society of Kenya (GOSK) subsequently convened its members to refine the drafts and facilitated broader review from county, private, and regional health facilities. This broader stakeholder engagement helped ensure that the protocols reflected perspectives beyond a single institution (5).

Publishing these protocols, however, is not the same as implementing them into practice. Implementation will require dissemination to clinicians, incorporation into pre-service and in-service training, integration into clinical audit and quality-improvement activities. Where appropriate, the protocols may also inform discussions on the Social Health Authority (SHA) benefits package and the alignment of

reimbursement with evidence-based gynecologic oncology care. Kenya has established expertise in gynecologic oncology, but locally contextualized protocols are needed to support greater consistency in clinical practice across health care settings. These 9 protocols illustrate how collaboration among an academic institution, a national teaching hospital, and a professional society can support the development of contextually relevant standards for gynecology oncology care in Kenya.

Conflicts of interest

The authors have no conflicts of interest to declare.

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