Conference Abstracts

Global disparity in access to acute oncology services: real-world consequences and tangible actions in tackling them

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Background

Acute oncology services (AOS) integrate oncology expertise into acute care, linking emergency departments, oncology and medical teams to provide coordinated management of cancer-related emergencies. In high-income countries (HICs), AOS has been demonstrated to improve outcomes via prompt diagnostics and reduced hospital stays for acutely ill patients. However, their role and potential impact in low- and middle-income countries (LMICs) remains poorly defined, despite the disproportionate burden of cancer-related morbidity and mortality in these regions. This study evaluates AOS in LMICs as a potentially cost-effective strategy to reduce global cancer care disparities.

Methods

We are conducting a global cross-sectional survey targeting clinical oncologists in LMICs using a structured questionnaire. Key domains include access to AOS, quality of acute care, workforce capacity and infrastructure. Findings will inform a Delphi study engaging experts from both LMICs and HICs to define essential AOS components and guide implementation in resource-limited settings. Subsequent projects will include pilot implementation studies, evaluation of outcomes for key oncological emergencies (e.g, neutropenic fever, cord compression, SVC syndrome), and development of international partnerships to translate consensus into scalable, sustainable AOS models of care.

Results

This is a trial in progress and data collection is underway. As of September 2025, responses have been received from 90 oncologists across more than 20 countries and 6 continents. We anticipate collecting over 250 responses to enable sufficient power for robust analysis. Findings will identify common barriers to AOS delivery and highlight opportunities for targeted intervention to strengthen acute cancer care in LMICs.

Conclusions

Preliminary insights suggest that AOS remain underdeveloped in many LMIC settings, despite

their potential to significantly improve patient outcomes. The results of this study will provide critical evidence to inform future policy, guiding the development of scalable and context-specific AOS. Ultimately, this work will help to support global efforts to reduce inequalities in global cancer care.