



Cancer
Cure
Fund



Enhancing the efficiency of philanthropic support through use of AI Experience of Indian Cancer Society

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Abstract submission identifier:

1241, Oral Abstract 1: Nominees for Best Advocacy with Impact Report

Congress theme:

Committed to global collaboration and knowledge sharing to accelerate progress in cancer control.
Abstract not previously published or presented.

Affiliated organizations:

Tata Memorial Hospital, Indian Cancer Society, Homi Bhabha National University, Mumbai



Disclosure of conflict of interest: **None**



Indian Cancer Society – Awareness to Rehab

- New cancer cases **1.3 million** in 2020
- **800 K** mortality
- Very high financial impact of treatment

1951 ICS Inception

2011 HDFC Mutual Fund scheme

India's 1st voluntary, non-profit,
national cancer organization

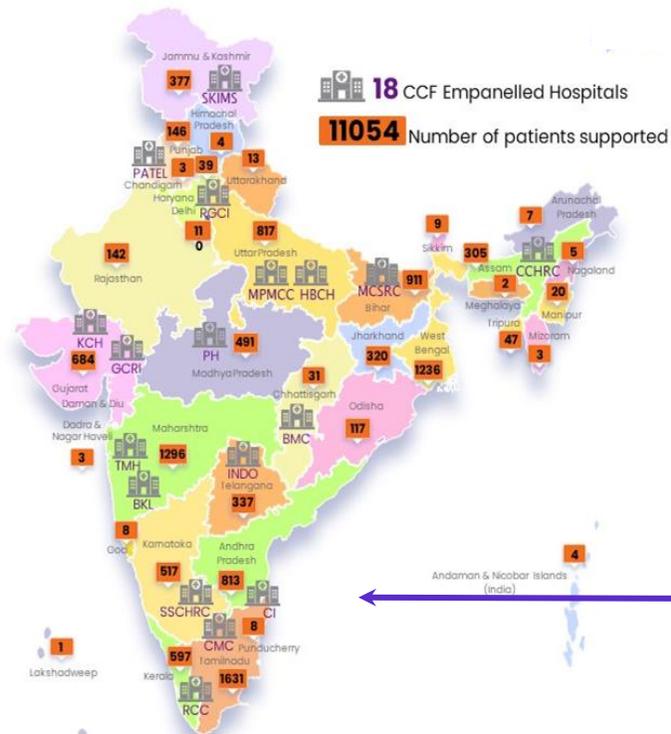
11,000 patients benefited
\$22.7 million funds disbursed



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March 2022: Empanelled Hospitals



ICS CCF Team



Evaluation by DDT



Sanction by GAC

Disbursal

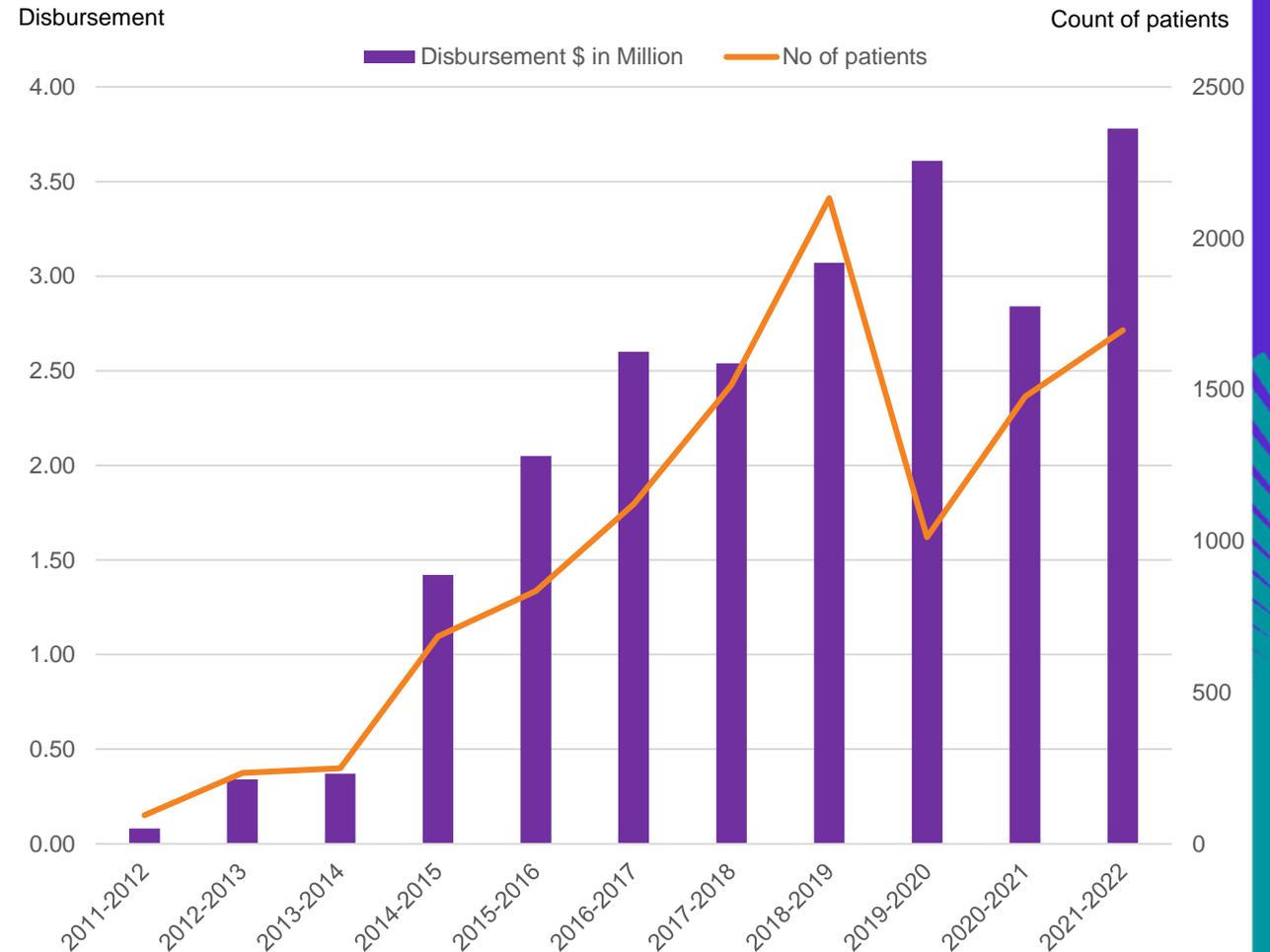
Eligibility criteria: USD 5,000 per annum family income
Expected 5 year survival: >50%
Maximum support: USD 6,000 per patient



Challenges!!

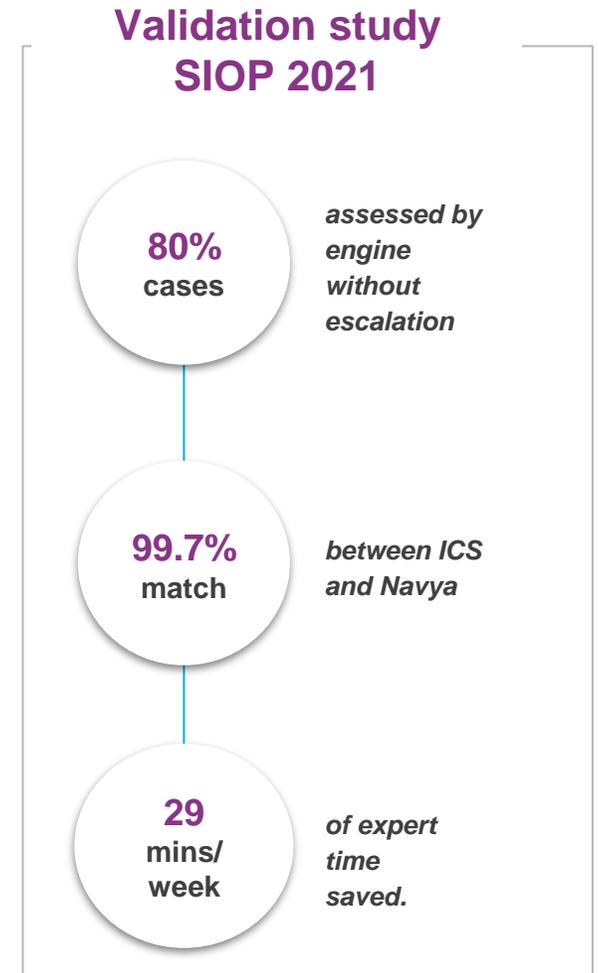
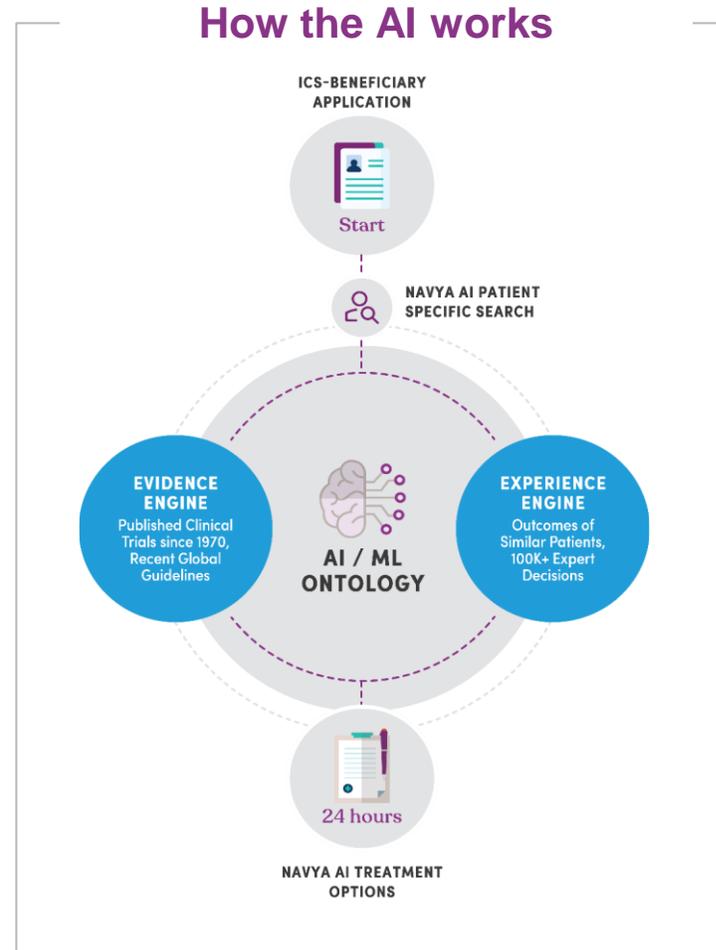
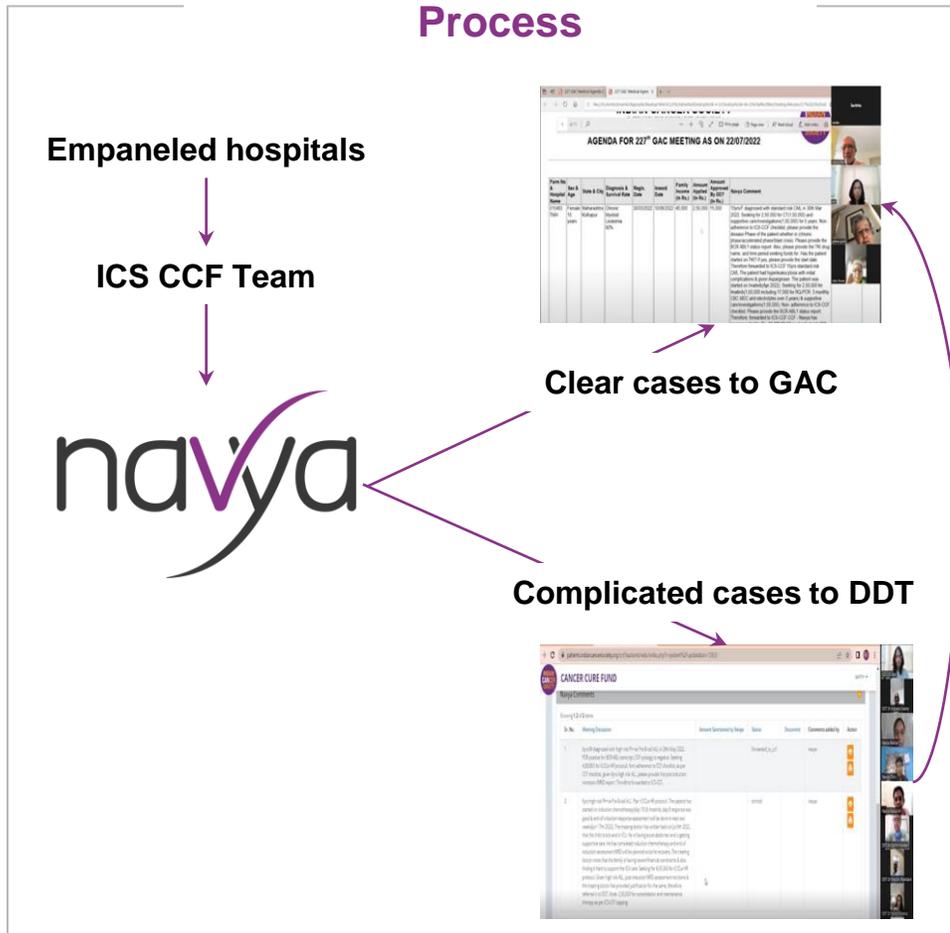
- Clinicians' time
- Wide variety of cases
- Variable protocols
- Variable costs
- Physical meetings (increased challenge through Covid)

5 hrs of clinicians' time per week



Funds grew and more hospitals empaneled over time.

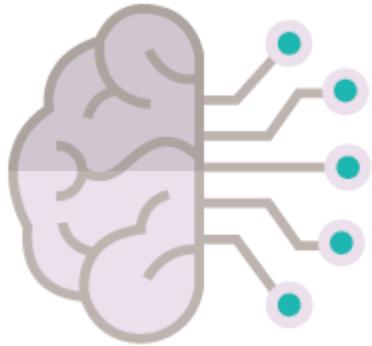
AI optimised the evaluation process – Saved clinicians' time and standardised protocol and cost



Results

2388 applications from February 2021 to March 2022

navya



Rejected cases
referred to **DDT**

0.8%
18

94.4% concordance with GAC (17)

Recommended cases
referred to **GAC**

78.8%
1872

99.7% concordance with GAC (1867)

Complicated cases on-
hold referred to **DDT**

20.9%
498

5 hrs to 1 hr
of clinicians' time
per week



Implications

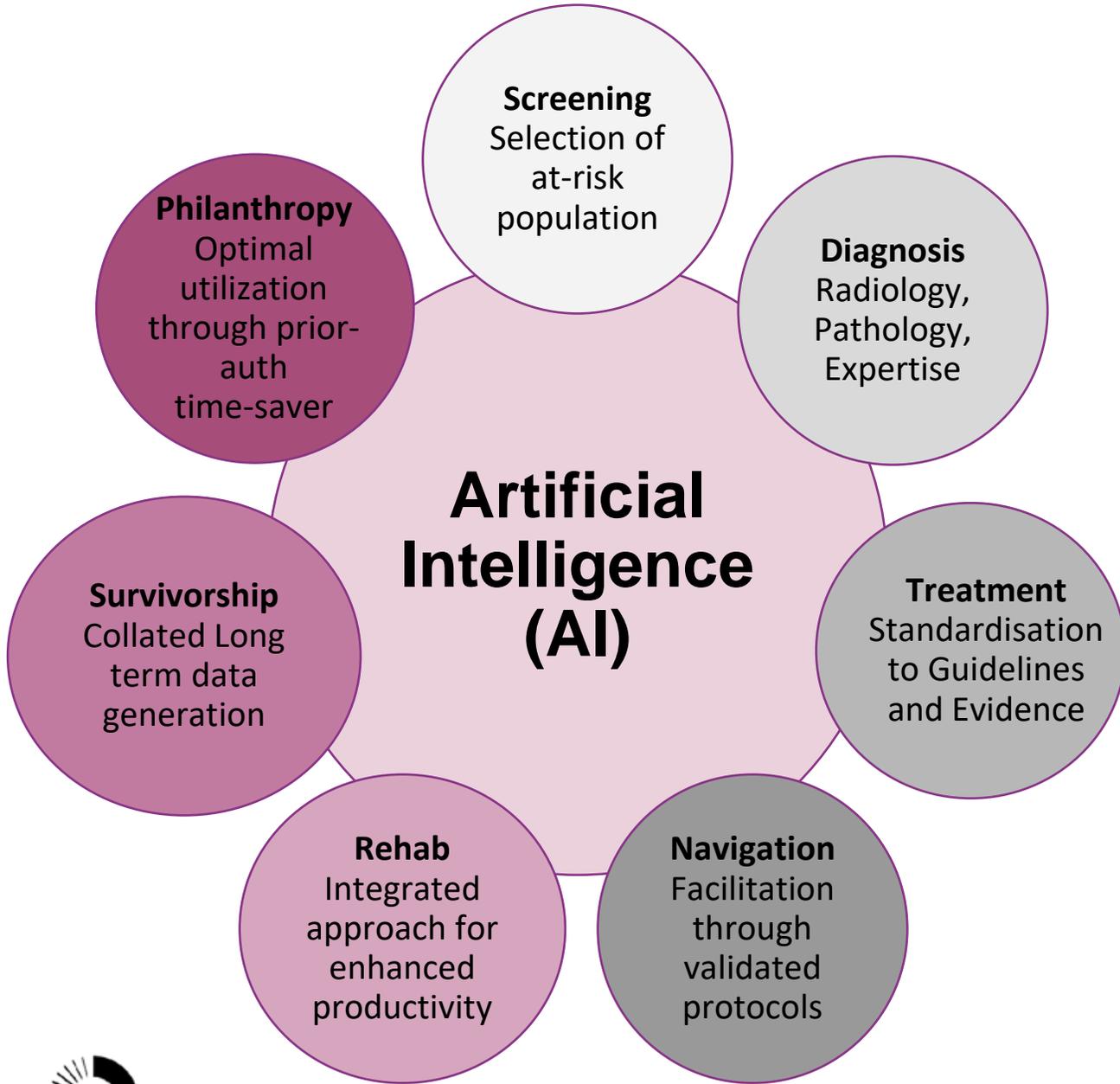
- Only **1/5** of applications are referred to DDT for their input
- DDT reviewed **only 37** out of 186 cases per month (average for six months)

- ★ Validated treatment protocol
- ★ Adherence to National Cancer Grid guidelines
- ★ Helped standardise cost of treatment through capping
- ★ Streamlining of processes
- ★ Online meetings

only **22%** cases still
require a clinician's
expertise

Survival outcome
maintained at **50%**





Patients: Save costs & time, reduce unnecessary movement, improve outcomes.

Payers: Reduce unnecessary expenditure, faster claims processing.

Providers: Save experts' time, standardize care, improve patient outcomes.





Way forward for ICS –CCF?

- Increase impact by achieving greater **survival rates**
- Increase **outreach** directly and indirectly through **partnerships** and **collaborations** by transfer of technology

How will this help our country?

- Enhance outcome of **government schemes**
- Ideal model for **impact funding** by philanthropy as metrics are highly measurable
- Reduce cost of administering quality health care (CCF cost < 5%)

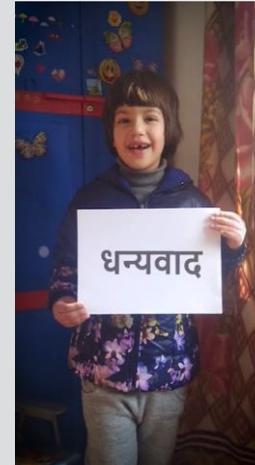




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Thank You!



Request all to view our digital session proposal
“T411-Cancer Cure: Philanthropy through Asset Management and AI”



Enhancing the efficiency of philanthropic support through use of AI: Experience of Indian Cancer Society - Dr Nehal R Khanna