**Project proposal**

Long term effects of dose fractionation in external beam cancer management

**Purpose and justification**

This write up seeks to clarify what the project seeks to achieve and to justify its course so that it can gain approval for the writing of the project charter

**Project Requestor**

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**Statement of the problem**

Cancer patients need to spend least amount of time in the hospital to save on their cost of treatment and the agony of treatment. On the same note, the hospitals need to spend minimum time on patients so that hospital resources are free for the next available use. It is therefore necessary that a compromise be made that allow patients spend minimal time possible at the hospital and at the same time their cancer is managed, thus dose fractionation research.

Dose fractionation is currently practised by many cancer centers in the world and what is lacking is the outcome of the treatment. Cancer treatment outcome data has not been freely available in the past and not many cancer centers have managed to share their treatment outcome with other centers. This has previously been contributed by lack of data. Right now data is becoming available and is yet to be analysed.

It is therefore necessary that the data on dose fractionation be collected, analysed and shared among the cancer centres so that a best-practice is developed on how to expedite cancer management at the minimal cost both to the patients and to the hospitals.

**Project deliverables and beneficiaries**

At the end of the project we seek to know the right dose fractionation for various types of cancers. This will be derived from practical treatment outcome from the cancer treatment centers. Currently, the dose fractionations are based on theoretical best practices and intuition. This project seeks to establish real data statistics on the outcome of each dose fractionation on each type of cancer.

The direct beneficiaries are the cancer treatment centres, cancer patients, governments and the society at large.

**Strategic context**

Because speeding up cancer management is the core expectation of any cancer management centre, this project is in line with a hospital’s strategic plan of expediting cancer treatment.

**Time Factors**

Because cancer is a menace that needs to be rid of soonest time possible, we expect to hit the ground running and start collecting, analysing the data soonest time possible and make available the results in least amount of time possible.

**Special provisions**

We need to seek permission from hospitals managements to allow us collect the data.

**Project assumptions and constraints**

We expect the hospital management to be cooperative and share with us the data. However, it is expected that some hospital may not share the data. Also, time might not allow us to collect all data from all cancer centres in the world. The technology used in the cancer treatment may also give varied results.

**Project risks**

There is risk that technology may influence the outcome of the treatment. Since different cancer centres use different technology in cancer treatment, fractionation may be similar but with divergent outcome due to divergent use of technology.

**Project expenses**

This is a huge project with massive data to collect and analyse. We therefore propose a tentative amount of 70 million US dollars. This will cover the cost of communication, travelling, accommodation, analysing and tabulating the results.

**Project champions**

The proposed project champion is different cancer organizations such as breast cancer societies, prostate cancer societies etc.

**Primary contact**

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### Major stakeholder

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