

# Health Facility-level factors associated with delayed cervical cancer diagnosis

P2-D17

Marthaclaire Kerubo Zammit<sup>1\*</sup>, Jackline Nyaberi<sup>1</sup>, Susan Mambo<sup>1</sup>, Careena Otieno<sup>2</sup>

<sup>1</sup>Jomo Kenyatta University of Agriculture and Technology(JKUAT), Nairobi, Kenya, <sup>2</sup>Tropical Institute of Community Health(TICH), Kisumu, Kenya.

## Referral Challenges and Systemic Delays in Health Systems, contribute to *delayed cervical cancer diagnosis*.

### BACKGROUND

- The study determined the Health facility-level factors that contribute to delayed cervical cancer diagnosis.
- Cervical cancer is the 4th leading cancer affecting women globally. In Kenya, it is the 2nd most diagnosed and top cause of cancer-related deaths among women.
- Early diagnosis (Stages I and II), is associated with a 98% 5-year survival rate, while delayed diagnosis (Stages III and IV), is associated with lower rates (17% 5-year survival rate).
- Over 80% of cervical cancer diagnoses in developing countries are made at late stages.

### METHODS

- An analytical hospital-sited cross-sectional mixed method study was adopted.
- Data on, Experiences on hospital visits, Referral systems, and time taken to get Diagnosis appointments and results was collected, from 139 cervical cancer patients systematically sampled at the Kenyatta National Hospital(KNH), using a semi-structured questionnaire. The key outcome was Stage at diagnosis, categorized as; Early (stages I and II) or Delayed (III and IV) diagnosis.
- 8 KIIs interviewed for qualitative data; Content analysis by NVIVO
- Quantitative data was analyzed by STATA and Logistic regression done for association analysis (95% Confidence Level)

### RESULTS

- 139 participants (September – November 2023)
- Majority 49 (35.25%) aged 40-49 yrs; Mean age 51 yrs
- Majority (63.31%) educated up to primary level, and more than half (61.15%) not employed

Figure 1. Prevalence of Delayed Diagnosis

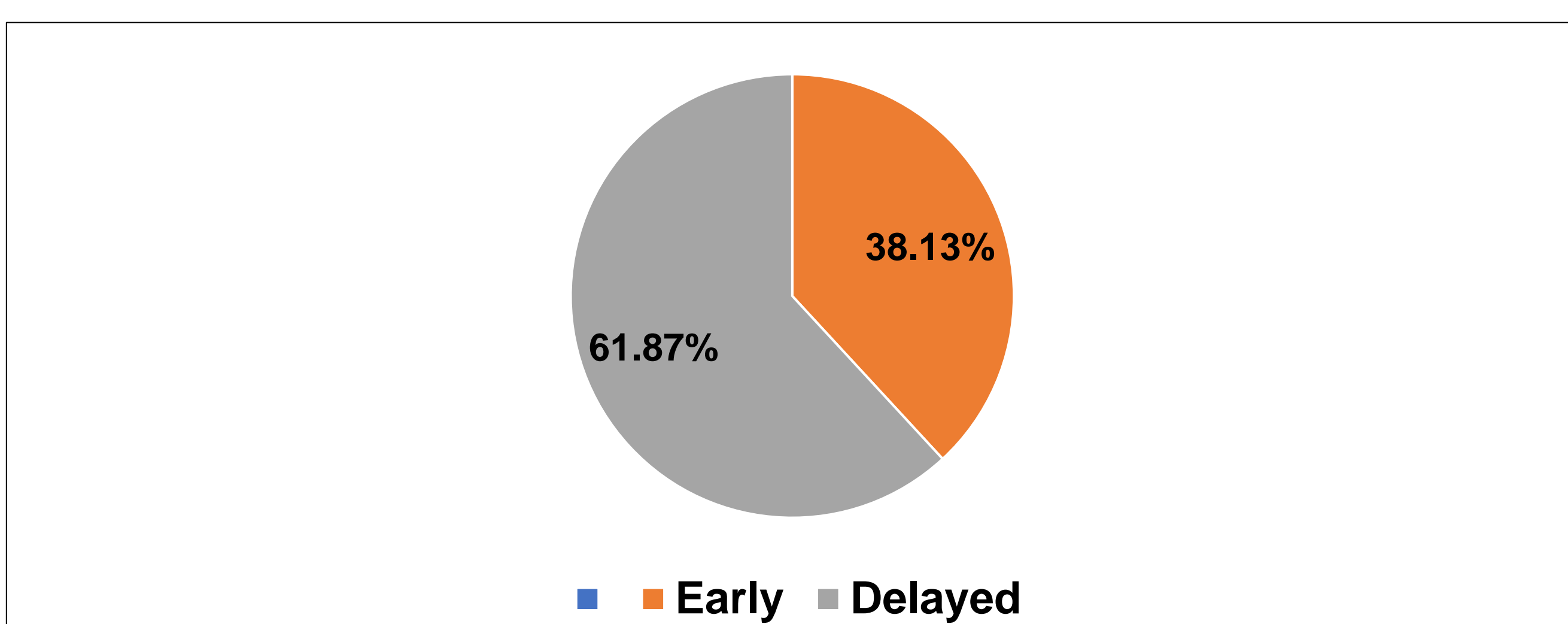
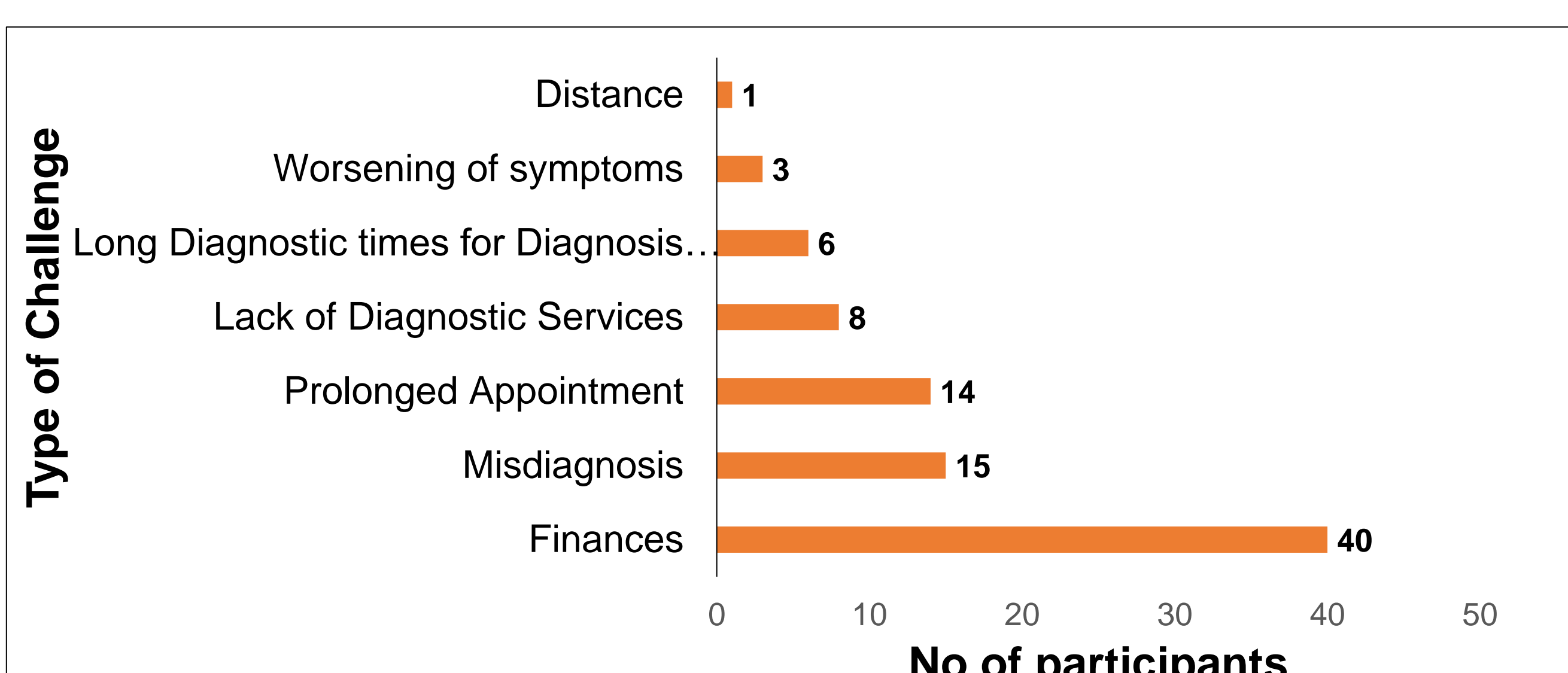


Figure 2. Referral Challenges



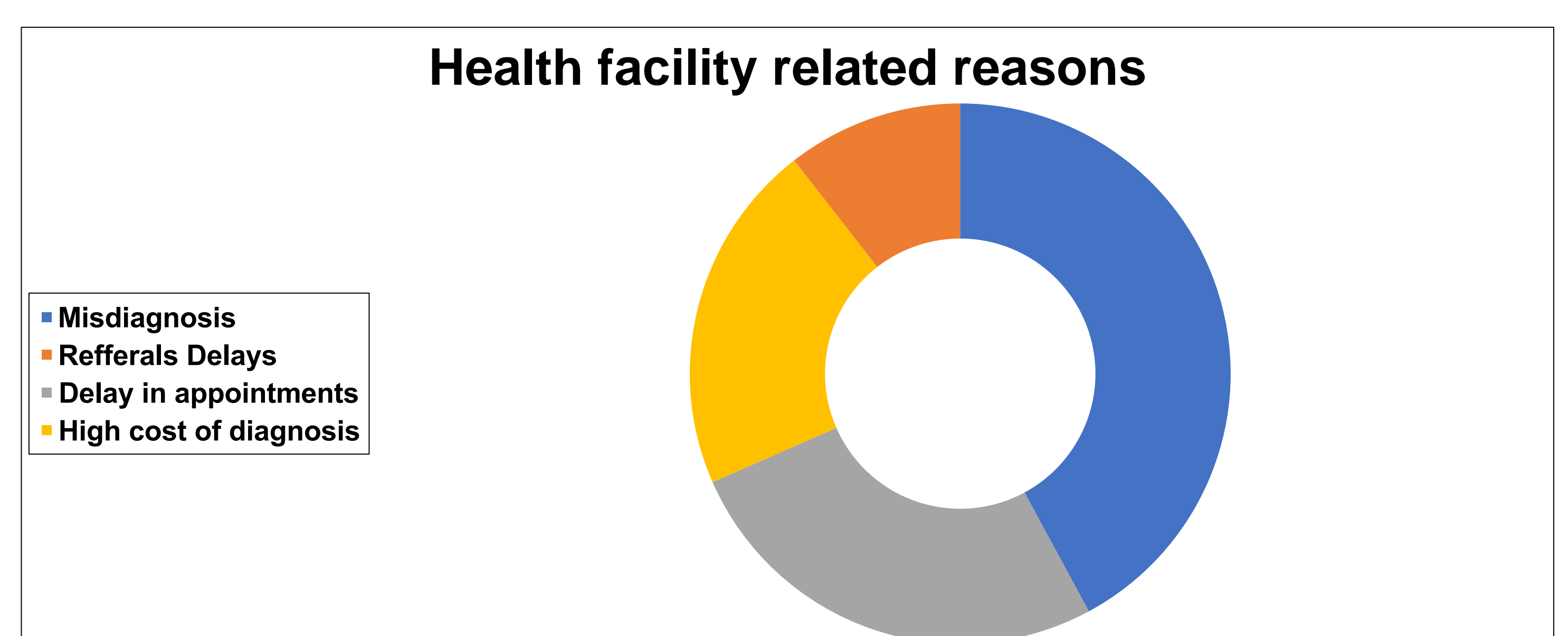
### RESULTS CONTINUED

Table 1. Association analysis ( Multivariate logistic regression)

Variable	Adjusted OR	95% CI	P-value
<b>Number of Referral times</b>			
Once	Ref		
Two and above	4.532	1.908-10.767	<b>0.001</b>
<b>Faced Referral Challenges</b>			
Yes	2.222	0.958-5.153	0.06
No	Ref		
<b>Time to get Diagnosis Appointment</b>			
<2 weeks	Ref		
2 weeks-1 Month	6.013	0.636-56.811	0.11
1 month and above	0.233	0.037-1.491	0.12
<b>Time to get Diagnostic Results</b>			
<2 weeks	Ref		
2 weeks-1 Month	1.158	0.442-3.034	0.77
1 Month and above	3.933	1.187-13.032	<b>0.03</b>
<b>Pseudo r<sup>2</sup>=0.19</b>		<b>Prob&gt;chi<sup>2</sup>=0.000</b>	

Other variables; first hospital type visited, Number of hospital visits, If Referred or not

Figure 3. Key Informant views



"...there is poor diagnosis from peripheral facilities due to lack of specialized personnel. A clinician should have a high index of diagnosis" (KII\_4MO)

### CONCLUSION

- Address referral challenges and systemic delays (appointments and results) in cervical cancer diagnosis, by decentralizing screening and diagnosis resources to improve timely diagnosis.

### ADDITIONAL KEY INFORMATION

Author Contact; [claudiusclaire@gmail.com](mailto:claudiusclaire@gmail.com) +254708719825

Funding; EDCTP-EU, SCEPRESSA Project (CSA-2020E3129)

Conflicts of Interest; None

Ethical Approval; JKUAT & KNH-UON ERCs, NACOSTI, Informed Consent

Acknowledgements; JKUAT, EDCTP-EU, Valerie Beral Fellowship, KNH