OPPORTUNITIES AND CHALLENGES OF LUNG CANCER DIAGNOSIS, CARE AND TREATMENT IN WESTERN KENYA.

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Background

Incidence rate of lung cancer generally remains low in Africa despite high mortality. According to the Kenya National Cancer Control Strategy 2017-2022, lung cancer accounted for 794 cases with 729 deaths and a prevalence of 1.75 per 100,000 translating to a case fatality of 92%. Diagnosis, care and management of lung cancer in western region has presented disparities in the outcomes due to multiple factors including; unique biological characteristics of patients, socio- economic and health systems factors. This has conferred opportunities and challenges we wish to share.

Methods

The study employed a retrospective review of records of all patients with a histological diagnosis of primary lung cancer who were enrolled in the lung cancer program at MTRH AMPATH Oncology Clinics from January 2018 to January 2021. The clinical records contained data on demographics, history of exposure to known agents, signs and symptoms at diagnosis, outcome of investigations and treatment, other comorbidities and status at end of the period.

Results

Out of 153 patients, 79(51.60%) were male, 74(48,40%) were female (n = 153). Median age at diagnosis was 59 years (range:20–95years) with 44(29.30%, n = 150) as active smokers. Of the active smokers, 36(81.82%) were males. Majority had non-small cell lung cancer 143(94.10%, n = 152) with 103(74.10%) adenocarcinoma and 36(25.90%, n = 139) squamous cell carcinoma. Most had advanced disease with 130 (89.10%, n = 146) in stage III or IV and 12(8.20%) not stagged. Chemotherapy 149(97.40%, n = 153) was most common treatment modality. 124 (81.04%) deaths were reported.

Conclusions

Median age of lung cancer diagnosis is 59 years (range of 20 - 95) with most patients being diagnosed late at advanced stage resulting to poor outcome even with interventions. Adenocarcinoma is the predominant subtype of the non-small cell lung cancer. The ratio of male to female is relatively equal with males forming the majority of active smokers. Unknown stage is as a result of patients dying prior to staging. Early diagnosis remains a challenge however with prompt interventions and alternative treatment options there're opportunities to improve outcomes. A referral system with feedback from the community to the facility will improve early referral and prompt diagnostic interventions.