

TRACKING BREAST CANCER DIAGNOSTIC APPROACHES IN BUNGOMA COUNTY-WESTERN KENYA

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Background/Objective

Breast cancer diagnosis is still a major challenge in Bungoma County despite the fact being the leading cancer both in incidence and mortality among women globally.

The purpose of the study was to identify the diagnostic approaches available and the barriers associated with breast cancer diagnosis in Bungoma County.

Methods

We selected breast cancer diagnosed patients from the Bungoma County Referral Hospital medical records. The facility also serves referrals from neighboring 3 counties within western Kenya and parts of North rift. Tracing of the procedures and activities involved before diagnosis was done.

Results

Between March 2021 and February 2022 there were a total of 60 patients diagnosed with cancer of the breast but 40 with complete histology results (IHC inclusive). 100% of the patients were female and the median age was 45(24-73). 75% of the patients had passed through Bungoma County Referral Hospital before being referred while the remaining 25% had been seen in private facilities within the county.

Among the 30 patients seen at Bungoma County Referral Hospital 25(83.3%) were referred for core-needle biopsies at Eldoret while the other 5(16.7%) underwent lumpectomies preceding histology.

Total number of patients	60
Patients with complete histology+IHC	40
Patients seen and screened at BCRH	30
Patients seen in private hospitals	10
Patients referred for core-needle biopsies	25
Patients who had lumpectomies	5

Conclusion

Despite the efforts made in breast cancer screening in Bungoma County, there is still a discrepancy in making a diagnosis that needs to be addressed. There is a gap in performing biopsies as the definitive diagnostic approach. The few biopsies that are done are either image guided or after lumpectomies which are expensive for the majority of the patients. Discrepancies on IHC results was also noted for those whom had successful biopsies taken.