

Patient and provider delays in breast cancer patients in a developing country-a prospective study

Chandrani Khatri

Vardhman Mahavir Medical College

Email: chandrani.khatri@yahoo.com

INTRODUCTION

Breast cancer is the second most common cancer amongst Indian women and majority cases are still locally advanced at presentation [1]. Majority population in India, like in other developing countries lives in villages and in the rural set up the unregistered medical practitioner (quack!) acts as the gatekeeper to medical services. These quacks, due to lack of understanding of cancers, act as a significant cause of delay in the diagnosis and management of breast cancer patients. Delaying the diagnosis and initiation of treatment is likely to result in tumour progression and a worse prognosis. Two types of delay in diagnosis and treatment of cancer are commonly distinguished: (1) patient delay, which covers the period from first onset of symptoms to first medical consultation; and (2) provider delay, which covers the period from first consultation to definite diagnosis or treatment. [14]

Randomized trials of mammographic screening have provided strong evidence that early diagnosis and treatment of breast cancer can reduce the specific mortality. Moreover, in a recent systematic review of published studies, delays of 3-6 months between the onset of symptoms and treatment have clearly been found to be associated with lower survival rates for breast cancer patients.

Constraints to the timely diagnosis of cancer and access to treatment have been attributed mainly to the characteristics of individual patients, healthcare practitioners, or the healthcare system. The prevailing model of delays in breast cancer diagnosis and

treatment recognizes only two categories of actors or agents (patients and providers) and one set of structures (the healthcare system) [2-4].

AIMS and OBJECTIVES

This study aims at assessing the patient provider delay in breast cancer patients.

The main objectives of the study are

To study the extent and nature of provider delay in breast cancer patients.

To study the extent and nature of patient delay in breast cancer cases.?

To study the association between provider delay and stage at diagnosis.

Assessing the factors responsible for patient and provider delay.

METHOD

An observational cohort study will be conducted by using interviews based on a structured questionnaire regarding the onset of the symptoms, time delay between onset of symptoms and consultation with a doctor, type of doctor consulted, time delay between onset of symptoms and diagnosis. Approximately 30 patients with histologically proven breast carcinoma will be taken. Patient related delay was defined as the period between the onset of symptoms and consultation with a qualified doctor. Provider delays were defined as the period between first consultation and the diagnosis.

QUESTIONNAIRE**PATIENT'S PARTICULARS**

NAME:

AGE:

SEX:

PERMANENT ADDRESS:

PRESENT ADDRESS:

SOCIO-ECONOMIC CONDITION

(according to modified kuppuswamy's socioeconomic status scale)

LITERACY:

Illiterate

Below 10th class

10th class educated

12th class educated

Graduate

Postgraduate

FAMILY:

Nuclear family

Joint family

STAGE OF MALIGNANCY:

Early

Localized

Metastatic

APPEARANCE OF FIRST SYMPTOM:

FIRST VISIT:

Date/Month:

To whom:

Quack/Local practitioner(registered)/
Government hospital/Specialized Centre/
Others

FURTHER REFERRALS

TIME

Second:

Third:

Fourth:

TIME BETWEEN INITIAL
PRESENTATION OF SYMPTOMS TO FIRST
VISIT

TIME BETWEEN DIAGNOSIS TO START
OF PROPER TREATMENT:

OUTCOME/FOLLOW UP

The data collected from questionnaire will be analyzed using SPSS11 version and factors responsible for delayed presentation or presentation as advanced breast cancers would be studied.

A written consent form will be signed by each patient after explaining various aspects of the study to the patient.

Ethical clearance for this study has been applied for.

Patient will be assured and the measures will be taken to maintain the confidentiality of the information given by the patient.

Proposed intervention is to take strict actions against the quacks and also to initiate self-awareness programs among women to increase the knowledge and change the attitude of people towards breast cancer.

IMPLICATION

The factors responsible would be analyzed in the light of the Indian scenario would then be utilized in future to reduce the time lapse between cancer reporting and diagnosis. The conclusions drawn would be utilized in the framing of curriculum for training. Influence of provider delay on prognosis will help to minimize these delays.