Stakeholder selected strategies to improve breast cancer care in East Africa: preliminary implementation outcomes and impact of COVID-19

Anne F. Rositch1, Christina Chao2, Matogoro Kirahi2, Nestory Masalu2, Lucas Faustine2, Leonard Washington Amango2
1Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, 2Department of Oncology, Bugando Medical Centre, Mwanza, Tanzania

**RESULTS**

1) CLINICAL BREAST EXAM WORKSHOP
   - CBE training was split into didactic learning modules and consisted of classroom-based lectures and hands on practice and evaluation.
   - At the beginning of the training, pretests were given to gauge knowledge of breast cancer signs, symptoms, and risks. Repeat tests were given at the end of training.

2) TREATMENT PLANNING MEETING
   - 15 Meetings
   - 2 per Month
   - 17 Physicians
   - 4 Specialties
   - Avg. 11 days to first diagnostic test
   - Avg. 62 days to treatment initiation

3) DIAGNOSTIC PATHWAY
   - Avg. 20 women per month presenting
   - 84% get diagnostic testing
   - 29% initiating treatment
   - Avg. 11 days to first diagnostic test
   - Avg. 62 days to treatment initiation
   - Avg. 37 women per month presenting
   - 86% get diagnostic testing
   - 30% initiating treatment

**CONCLUSIONS**

SUMMARY OF FINDINGS
The health system interventions worked to greatly reduce delays in the care continuum among presenting women but did not increase the proportion of women receiving diagnostic or treatment services.
- Likely reflects the fact that we haven’t intervened to increase a women’s choice, ability or understanding for follow-up care.
- Points to the need for patient support interventions such as patient education and resources, peer advocates, and patient navigation.

IMPACT OF COVID-19
Program adaptation and monitoring are still ongoing, but it will be difficult to evaluate the differing effects of the intervention (starting February 2020) and the COVID-19 pandemic (starting March 2020) on breast cancer care.
- This highlights the need to better study program interruptions and develop implementation criteria and protocols to better ensure program sustainability in light of ‘real world’ challenges.

*Contact: Anne Rositch at arositch@jhu.edu

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