

CERVICAL CANCER IN RWANDA: WHY DO WOMEN CONSULT IN LATE STAGES?

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ABSTRACT

Introduction: Cervical cancer remains among the most common and a serious cause of cancer-related mortality across the world. Many patients consult in late stages and this account to numerous reasons. We report here the reasons as found in a teaching hospital in Kigali, Rwanda.

Methods: Observational, cross sectional study consisting of a one-on-one interview to patients in a follow up clinic for a time period of 8 months at the Kigali University Teaching Hospital.

Results: Twenty five (25) patients were interviewed between May and December 2012. Most women (68%) were found to be above 35 years of age, and a considerable number (n=9) came from the Eastern Province of the country. Over two-thirds of the patients (68%) reported

to have had their first sexual intercourse below the age 20 years, yet a few consented a positive cigarette smoking history. About a tenth (12%) of the patients confirmed knowing the typical first signs of cervical cancer, and nearly a half (52%) of patients gave an indolent/painless course of disease as the main reason of delay to seek treatment.

Conclusion: Integrated methods of sensitization and screening campaigns are highly needed. Further studies measuring the impact of these methods are necessary to know the impact on early detection and better management.

Keywords: Cervical Cancer, Screening, Delay, Rwanda

INTRODUCTION

As of 2008, cervical cancer was the 3rd most common cancer in women worldwide, and had given its long-held place as a leading cause of mortality among gynaecologic malignancies worldwide to breast cancer [1].

Global data¹ and across Sub-Saharan Africa revealed that cervical cancer was the most frequent female cancer and the most common cause of cancer-related mortality [2-3].

Data from across the same region reveal patterns of presentation of cervical cancer at the end stage and poor grading when little can be done, and present relatively patients of the same socio-demographic background [4-9].

The relative delay between first symptoms to the time of diagnosis and treatment can be subdivided into patients', health professionals and systems roles.

The patients' roles were studied extensively in both clinical and public health perspectives. Limited level of education, knowledge, beliefs and misinterpretations about the first symptoms, proximity to the nearest screening services and a perceived low risk of acquiring cervical cancer are among the main reasons given elsewhere [10-15].

Little is known about the numbers of cervical cancer and patients' reasons of delay to seek treatment in the Rwandan context [16].

This study aims to know the reasons women (patients) consult for cervical cancer in the advanced stages, the associated risk factors and to provide, with evidence, a back-up for future public health awareness campaigns.

We conducted an observational, cross-sectional study targeting women at the Kigali University Teaching Hospital consulting with advanced stage cervical cancer at the follow-up clinic between May- December 2012 in the Gynaecology and Obstetrics department.

The study was based on one-on-one interviews on a written questionnaire. All women, between ages 30 - 70 years who have been diagnosed of cervical cancer, were interviewed. At the end, analysis was done by assessment of the interviewees answered questionnaires using Microsoft Excel Redmond VA 2012.

The protocol was approved by the Institutional Ethics Committee at the Kigali University Teaching Hospital for starting the data collection. All patients were interviewed after signing an informed consent form.

RESULTS

Twenty five (25) patients were included in the study for a period of eight (8) months. 68% (n=16) of the patients were above 35 years of age. Close to a third (n=9) of the patients came from the Eastern Province, followed by Kigali City (n=7), Northern Province (n=5), and last being the Southern Province (n=4). No patients came from the Western Province.

METHODS

The Kigali University Teaching Hospital is one of the four main multi-disciplinary teaching hospitals affiliated to the National University of Rwanda.

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Nearly a half (48%; n=12) of the patients reported to be small-scale agricultural farmers, 24% (n=6) had no occupation at the time of the interview; 12% (n=3) were in small commerce businesses, 8% (n=2) teachers, one student and one state agent at last.

At least every woman had been married; 20 (86%) of the women were still married, with a lower number either widowed (16%; n=4) or separated (4%; n=1).

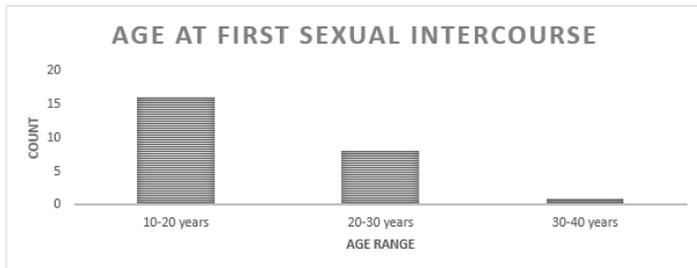


Figure 1: Participants' age at first sexual intercourse

More women denied a smoking history (76%; n=16), while a few others did smoke (24%; n=9), in our assessment of risk factors.

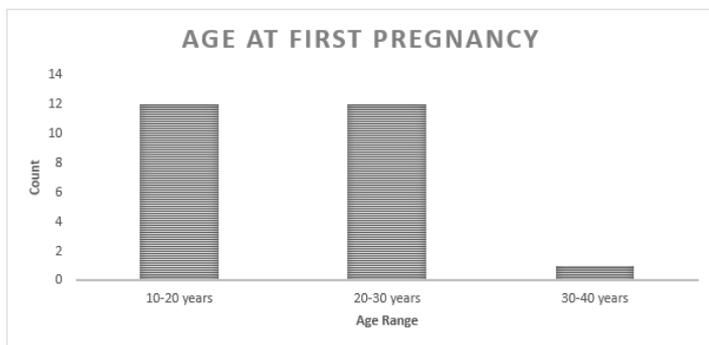


Figure 2: Participants' age at first pregnancy

About a half of the patients (48%; n=12) reported at the time of interview a duration of less than a year from the onset of symptoms. Among them, a majority (69.2%; n=9) had their symptoms in a duration less than 6 months. Another part of patients (52%; n=13) reported a longer course of duration of symptoms (above 1 year).

A greater number (88%; n=22) of women constantly denied knowing the typical signs of cervical cancer prior to onset. Data about the given reasons of delay are presented below.

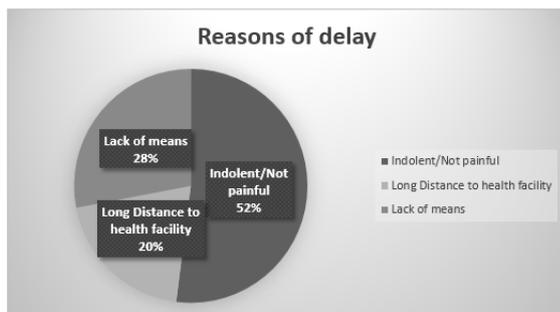


Figure 3: Participants' given reasons of delay to seek treatment

The given treatments at the time of the interview consisted mainly of palliative analgesia (52%; n=13), antibiotics (20%; n=5), chemotherapy (16%; n=4) and about 2 others without treatment (8%; one patient was receiving both analgesia and antibiotics).

DISCUSSION

Our report is limited by a small sample size compared to most of the comparable studies [10-15]. This could be due to the fact that most [10-11], 14 were retrospective and covered a longer period to catch a lot more patients. The results cannot hence be generalized to make an inference of the national status.

The age of patients is found to be relatively high, same as it is found within comparable settings [17-18]. Reviewing the occupations of the affected patients, we found consistently about the same results as several other studies [10, 14]. The risk factors found in our study are, among others younger age at first sexual intercourse, which is consistent to a few other studies findings [21]. The differences arise with the lower rates of a positive smoking history found with our patients [22-23].

The reasons given by the patients as to why they delay to seek treatment are about the same as found in other studies [10].

Some other study limitations were also in the way the interview was conducted, some patients perceiving that giving better or positive answers might make them sound as behaving in a healthy way.

Integrated methods in both awareness and disseminated screening centres are paramount to overcome delayed presentations of cervical cancer. Further studies are needed to provide evidence on the impact of public health awareness campaigns on the behavioural changes towards early detection and better management of cervical cancer.

Conflict of interests: The authors deny any conflict of interests related to this article.

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