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Waiting Times in Prostate Cancer Diagnosis and Treatment: A Ten-Year Experience in A Nigerian Teaching Hospital

*Délais d'Attente pour le Diagnostic et le Traitement du Cancer de la Prostate:
Une Expérience de Dix Ans dans un Hôpital Universitaire Nigérian*

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ABSTRACT

INTRODUCTION: Prostate cancer is still the leading male cancer and the leading cause of cancer deaths in Nigeria, and other low- and middle-income countries (LMIC) in Sub-Saharan Africa. Early diagnosis is essential to ensuring prompt treatment and reducing morbidity and mortality. Reducing the waiting times for diagnosis and treatment is therefore important.

AIMS AND OBJECTIVES: To study prostate cancer management waiting times, to serve as a baseline in improving the quality of cancer care in the Nigerian populace.

PATIENTS AND METHODS: This was a ten-year retrospective study of waiting times of all histologically-confirmed prostate cancer patients seen at Alex-Ekwueme Federal Teaching Hospital, Abakaliki, Ebonyi State, Nigeria. Statistical analysis was done SPSS version 26. A P-value less than 0.05 was considered statistically significant.

RESULTS: A total of 189 patients presented with prostate cancer; however, 73 patients with complete data were analysed. The mean age of the patients was 71.48±8.16 years. The median duration of symptoms before presentation was 6 months. The mean total prostate-specific antigen was 82.08±54.9ng/mL. The mean duration between the first visit to the definitive diagnosis was 6.53±11.68 months with a median of 1 month. The median duration from visit to treatment was 3 months with a mean of 9.71±13.4 months. There were no associations between occupation, highest educational level, financial constraints, and the different waiting times studied (P>0.05)

CONCLUSION: The waiting times for prostate cancer management were unduly prolonged in this study; patient-related factors did not influence this wait. **WAJM 2024; 41 (3): 317 - 321.**

KEYWORDS: Prostate cancer, Waiting time, Delay, Diagnosis, Treatment.

RÉSUMÉ

INTRODUCTION: Le cancer de la prostate est toujours le principal cancer chez les hommes et la principale cause de décès par cancer au Nigéria et dans d'autres pays à revenu faible et intermédiaire (PFR) en Afrique subsaharienne. Un diagnostic précoce est essentiel pour garantir un traitement rapide et réduire la morbidité et la mortalité. Il est donc important de réduire les délais d'attente pour le diagnostic et le traitement.

OBJECTIFS: Étudier les délais d'attente dans la prise en charge du cancer de la prostate, afin de servir de référence pour améliorer la qualité des soins contre le cancer dans la population nigériane.

PATIENTS ET MÉTHODES: Il s'agit d'une étude rétrospective de dix ans sur les délais d'attente de tous les patients atteints de cancer de la prostate confirmé histologiquement et traités à l'hôpital universitaire fédéral Alex-Ekwueme, à Abakaliki, dans l'État d'Ebonyi, au Nigéria. L'analyse statistique a été réalisée avec la version 26 du logiciel SPSS. Une valeur de P inférieure à 0,05 a été considérée comme statistiquement significative.

RÉSULTATS: Un total de 189 patients ont présenté un cancer de la prostate ; cependant, seuls les 73 patients avec des données complètes ont été analysés. L'âge moyen des patients était de 71,48±8,16 ans. La durée médiane des symptômes avant la présentation était de 6 mois. La concentration moyenne d'antigène spécifique de la prostate (PSA) total était de 82,08±54,9 ng/mL. La durée moyenne entre la première visite et le diagnostic définitif était de 6,53±11,68 mois, avec une médiane de 1(1) mois. La durée médiane entre la visite et le traitement était de 3 mois, avec une moyenne de 9,71±13,4 mois. Aucune association n'a été observée entre l'occupation, le plus haut niveau d'éducation, les contraintes financières et les différents délais d'attente étudiés (P>0,05).

CONCLUSION: Les délais d'attente pour la prise en charge du cancer de la prostate étaient anormalement prolongés dans cette étude ; les facteurs liés au patient n'ont pas influencé cette attente.

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MOTS-CLÉS: Cancer de la prostate, Délai d'attente, Délai, Diagnostic, Traitement.

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Abbreviations: LMIC: Low- and Middle-income countries; HDI: high Human Development Index; IQR: Interquartile range; CaP: Cancer of the Prostate; LINAC: Linear Accelerator; GP: General Practitioner; PSA: Prostate specific antigen; TV: Television; MAB: Maximal Androgen Blockade; MDT: Multidisciplinary Team Meeting; SPSS: Statistical Package for Social Sciences