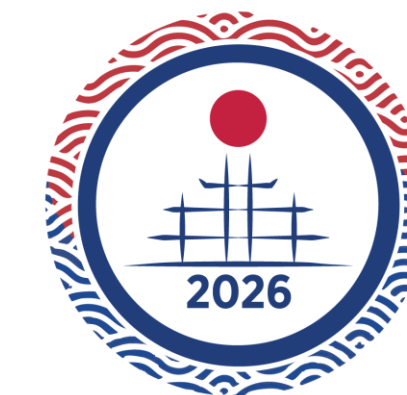




P1.377: Who Gets Diagnosed? Disparities in Access to Lung Cancer Care in Zimbabwe and Pathways to Equity 3320

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INTRODUCTION

- Disparities in timely lung cancer diagnosis are a major driver of late-stage presentation and mortality in LMICs¹.
- In Zimbabwe, diagnostic services are highly centralized, awareness levels are low and misdiagnosis with tuberculosis is common, yet inequities across gender, geography and health-system access remain poorly characterized.

OBJECTIVE

- Identify the principal disparities across the diagnostic pathway and define feasible, context-specific solutions for equitable lung-health access.

METHODS

DESIGN

National-mixed-methods design across eight high-risk districts.

DATA SOURCES

- Community survey (n=1,396)
- Healthcare-worker survey (n=330)
- Multilevel facility-readiness assessments
- Interviews with clinicians, traditional healers and people with lung cancer

ANALYSIS

Descriptive quantitative analysis and thematic coding.

LIMITATIONS

Small MDT subgroup.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Where people live, how symptoms are interpreted and whether frontline services are equipped shape the chance of timely diagnosis.
- Geographic barriers and TB diagnostic anchoring further compound delays and catastrophic costs for patients undergoing evaluation for suspected lung cancer.

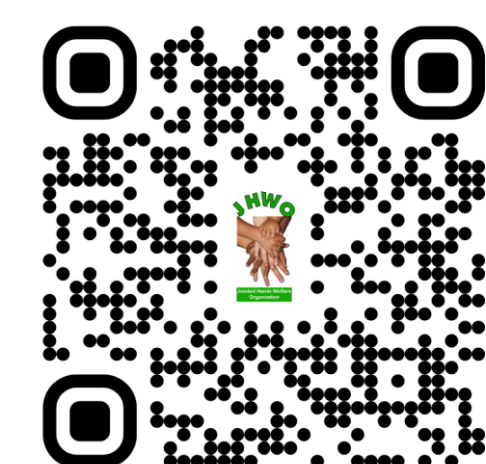
EQUITY BLUEPRINT

- Decentralise and leverage on AI-CAD chest X-ray from the TB clinics and Respiratory Unit, CT and sputum cytology through provincial up to central diagnostic hubs.
- Embed red-flag prompts and non-response escalation within relevant TB workflows and service points.
- Standardise risk assessment for biomass exposure, second-hand smoke and post-TB status.
- Equip frontline healthcare providers with training, pre-screening & case-escalation tools and locally appropriate information, education and communication materials.
- Strengthening referral systems through a unified, patient-centred lung-health pathway was highlighted as essential to reducing delays and catastrophic costs.

REFERENCES & ACKNOWLEDGEMENTS

KEY REFERENCES

1. Hope for Lungs Project community and healthcare-worker surveys, facility-readiness assessments, stakeholder interviews and MDT records.
2. Lung cancer management in LMICs. Malini Surapaneni, MD, Dipesh Uprety, MD, FACPIJCCD Vol. 3, Issue 1, 2023 DOI: <https://doi.org/10.53876/001c.73042>



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AI USE DISCLOSURE
Microsoft Copilot was used to support language refinement. All data, scientific statements and interpretations were checked against the accepted abstract and source manuscript and remain the responsibility of the authors.

RESULTS

DISPARITY SIGNALS ACROSS THE DIAGNOSTIC PATHWAY

1,396

community members

330

healthcare workers

2

tertiary diagnostic hubs

AWARENESS AND FRONTLINE READINESS

HCWs believed most cases present too late

63.9

HCWs lacked confidence in early symptoms

53.9

Community had heard of lung cancer

40.6

Geography

Advanced diagnostics were absent at district level; rural residents faced longer travel, referral intervals and higher costs.

System readiness

0/8 districts had lung-cancer-specific guidelines, information materials, indicators or case-finding tools.

28% lower odds

of awareness among women. In the MDT subgroup, 11/16 cases were women; 9/11 reported never smoking and prolonged biomass exposure.

>50%

of interviewed people with lung cancer had received at least two courses of TB treatment before diagnosis.

HOW INEQUITY ACCUMULATES

1 Symptoms begin

2 TB is assumed

3 Non-response / repeat treatment

4 Distant tertiary referral

5 Delayed lung cancer diagnosis

A FEASIBLE EQUITY RESPONSE

DECENTRALISE →

INTEGRATE →

EQUIP →

CONNECT

- AI-CAD CXR
- Bronchoscopy
- CT
- Sputum Cytology

- TB red flags
- Non-response escalation

- Risk assessment
- HCW Trainings
- Health promotion

- Patient navigation
- Unified referral pathway