

Patient Journeys to Lung Cancer Diagnosis in the Western Cape, South Africa

P3.408

Qualitative findings from an ongoing patient journey mapping study

PRELIMINARY — ANALYSIS ONGOING

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TAKE-HOME MESSAGE

Participants described repeated healthcare contact, treatment for alternative conditions, referral delays and substantial work navigating between providers before lung cancer diagnosis.

Why this matters

Late-stage lung cancer remains a major challenge in the Western Cape. In a 2019 Tygerberg Hospital cohort, only **6.3%** of patients with non-small cell lung cancer presented with potentially curable stage IA–IIIA disease.

Aim

To explore the experiences of people diagnosed with lung cancer from symptom onset to diagnosis in the Western Cape, and identify potentially modifiable points in the diagnostic pathway.

Methods

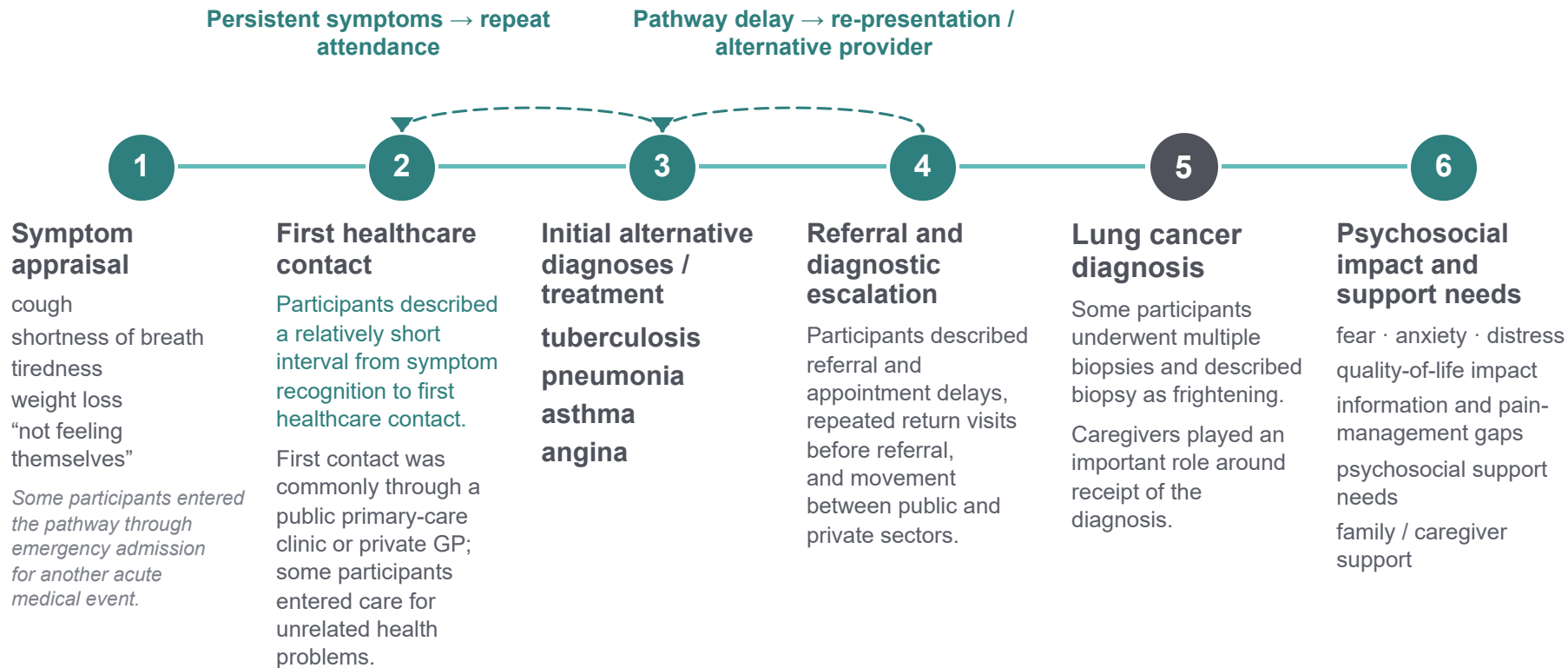
Semi-structured interviews + patient journey mapping
Model of Pathways to Treatment
Secondary and tertiary hospitals, Western Cape
Thematic analysis — ongoing

20

participants interviewed to date
14 tertiary care | 6 secondary care

A diagnostic journey described across preliminary interviews

Experiences varied; the pathway was iterative rather than uniformly linear.



What these journeys suggest

01

Delay extended beyond initial help-seeking

Participants described continued diagnostic difficulty after entering healthcare.

02

Patients undertook substantial navigational work

Repeated attendance and movement between providers suggest that patients may need to actively compensate when pathways stall.

03

The intervention target may lie within the pathway, not solely before it

Structured diagnostic reappraisal, accountable referral completion and continuity emerge as candidate targets for intervention development.

Interpreting the journeys alongside the ECLiPSA realist programme theory

Interpretive overlay from a separately conducted realist synthesis; formal integration with the ongoing qualitative analysis has not yet been undertaken.

TB-first diagnostic reasoning

In high-TB-burden settings, diagnostic constraints and competing respiratory diagnoses may make TB-first reasoning a contextually rational response to uncertainty. Persistent symptoms or negative TB investigations may provide triggers for structured diagnostic reappraisal.

Patient navigational work

Participants described repeated attendance and movement between providers and sectors to progress diagnosis. Reliance on individual capacity to navigate may have equity implications.

Suspicion → completion gap

clinical suspicion --- **GAP** --- completed investigation

Clinical concern may not result in completed investigation when responsibility, tracking and handover are fragmented.

From understanding pathways to designing solutions

Preliminary observations are consistent with mechanisms identified in a separate realist synthesis and suggest candidate intervention targets at multiple levels: structured diagnostic reappraisal, accountable referral completion and pathway continuity.

Ongoing qualitative analysis and stakeholder validation will test and refine these interpretations and inform development of context-specific interventions to support earlier diagnosis.

Realist synthesis

Why might delay occur?



CURRENT STUDY

Patient journey mapping

How is the pathway experienced locally?



Patient and healthcare worker surveys + facility assessment

Where and how do barriers arise?



Stakeholder validation and co-design

What can feasibly change?



Context-specific early-diagnosis intervention

References

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Disclosures

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AI USE DISCLOSURE

Generative AI tools (ChatGPT, OpenAI; Claude, Anthropic) were used to assist with the visual design, layout and language refinement of this poster. No AI was used for study data collection or primary data analysis. All scientific content and interpretation were reviewed and approved by the authors.