



**Short Communication/Commentary**

# **Increasing Female Breast Cancer Burden: Downstaging interventions as the 'best buy' for Kenya**

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## **Introduction**

Female breast cancer (FBC) is a global health concern. According to GLOBOCAN 2020 estimates, it has surpassed lung cancer as the most commonly diagnosed cancer, with an estimated 2.3 million (11.7%) new cases worldwide [1]. Specifically, the report indicates that FBC is not only the most commonly diagnosed cancer in Kenya with an estimated 6,799 (16.1%) new cases but also the most commonly diagnosed cancer in women. The incidence in Kenya is predicted to increase by 35% by the year 2025 [2]. Although the incidence of FBC is higher in high-income countries (HICs), there is disproportionately higher mortality and poorer survival rates in low- and medium income (LMICs) such as Kenya due to late-stage at presentation/diagnosis and inadequate treatment in LMICs and vice versa for HICs [3].

## **The financial burden of female breast cancer in low-and medium income countries**

The experience of FBC and other cancers is associated with a heavy financial burden for households, which has been described as *financial toxicity*. Such a burden includes not only the direct medical costs such as the cost of diagnostic and treatment interventions, but also indirect costs such as travel, accommodation, employment disruption,

and reduced earnings [4]. The majority of FBC cases in Kenya (over 80%) and other LMICs are diagnosed at a late stage (stage III or IV) at which point the outcomes are poorer and resource-intensive. Since a majority of households in Kenya have no healthcare insurance, they often pay for healthcare through an out-of-pocket modality, which is associated with catastrophic expenditures, the sale of assets, accrual of debts, and fundraising from friends. Consequently, early detection of FBC is a priority for LMICs.

## **Early detection of female breast cancer**

The World Health Organization defines early detection as early diagnosis, which aims to downstage symptomatic FBC, and screening mammography aimed at capturing asymptomatic FBC [5]. There is strong evidence that for LMICs such as sub-Saharan African countries where FBC is usually diagnosed in stage III or IV, downstaging interventions rather than population-based screening mammography are more feasible [6]. Evidence suggests that some countries have been able to achieve the FBC downstaging necessary for mortality reductions without population-based screening mammography [7].

In response to the worsening FBC burden, the World Health Organization recently launched the Global Breast Cancer Initiative



(GBCI), which is anchored on three pillars: health promotion and early detection; timely diagnosis, and comprehensive treatment [8]. For Kenya to halt, and ultimately reverse the worsening burden of FBC, a starting point would be the integration of GBCI pillar one-related strategies into the existing women's healthcare infrastructures. Such strategies should include downstaging interventions including public education about FBC symptoms and the importance of health seeking upon self-discovery of breast symptoms. FBC risk reduction strategies such as avoiding obesity and limiting alcohol intake are also important.

## Conclusion

In conclusion, downstaging interventions are the 'best buy' for tackling the worsening burden of FBC in Kenya and other resource-constrained settings where women predominantly present with FBC at stage III or IV. Downstaging has the potential to reduce costs of FBC treatment, and treatment/disease-related complications as well as accelerate Kenya's progress toward the achievement of Sustainable Development Goals for non-communicable diseases (target 3.4) and gender equality (goal 5).

## Conflicts of interest

The author declares that there are no conflicts of interest concerning this work

**Disclaimers:** The views expressed in this article are the author's and not an official position of the University of Embu

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## References

1. **Sung, H., et al.,** *Global cancer statistics 2020: GLOBOCAN estimates of incidence*

*and mortality worldwide for 36 cancers in 185 countries.* CA: a cancer journal for clinicians, 2021. **71**(3): p. 209-249.

2. **Gakunga, R., et al.,** *Social determinants and individual health-seeking behaviour among women in Kenya: protocol for a breast cancer cohort feasibility study.* BMJ Open, 2019. **9**(1): p. bmjopen-2018-023171.
3. **Joko-Fru, W.Y., et al.,** *Breast cancer survival in sub-Saharan Africa by age, stage at diagnosis and human development index: A population-based registry study.* International journal of cancer, 2020. **146**(5): p. 1208-1218.
4. **Zafar, S.Y., et al.,** *The financial toxicity of cancer treatment: a pilot study assessing out-of-pocket expenses and the insured cancer patient's experience.* The oncologist, 2013. **18**(4): p. 381-390.
5. **WHO.** *Guide to Cancer Early Diagnosis.* 2017; Available from: [https://www.who.int/cancer/publications/cancer\\_early\\_diagnosis/en/](https://www.who.int/cancer/publications/cancer_early_diagnosis/en/).
6. **Black, E. and R. Richmond.** *Improving early detection of breast cancer in sub-Saharan Africa: why mammography may not be the way forward.* Globalization and health, 2019. **15**(1): p. 3.
7. **Anderson, B.O.,** *Breast cancer—thinking globally.* 2014, American Association for the Advancement of Science. p. 1403-1403.
8. **WHO.** *The Global Breast Cancer Initiative (GBCI).* 2021; Available from: <https://www.who.int/news/item/08-03-2021-new-global-breast-cancer-initiative-highlights-renewed-commitment-to-improve-survival>.