

Access to Breast Cancer Diagnostic Devices in the East African Community: Moving the Needle

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PURPOSE Globally, two million women develop breast cancer each year. Low-income countries bear a disproportionate burden as a result of systems strapped by limited resources. Inadequate access to diagnostic services is widely recognized as a driver of unfavorable outcomes, yet baseline data on supply, use, and pricing for breast cancer diagnostic devices are scant. The purpose of this study was to assess access to cancer biopsy devices in Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda, and to ascertain related pricing, procurement, and payment models.

METHODS We conducted an observational online survey to capture institution-based data that address demographics, facility capacity, human capital, pathology systems, device sourcing and pricing, supply chains, and workarounds. Additional manufacturer information was obtained through public sources and communication with industry.

RESULTS We received 58 survey responses from the 6 East African Community countries, most representing urban public hospitals (68%). Pathology laboratory capacity varied drastically: Although basic histopathology was consistently performed (92% of respondents), hormone receptor, human epidermal growth factor receptor 2, and genetic studies were not (63%, 53%, and 11%, respectively). Training varied among practitioners performing biopsies—for example, surgeons or nurses—and most practitioners did not have ultrasound guidance (80%). Both disposable and reusable core needle devices were in use, and stockouts were reported by most respondents (69%). Workarounds included reuse of disposable devices, alternative procedures (eg, surgical excision or fine-needle aspiration), patient rescheduling, and referral. Most patients received results at follow up, but one fifth of all respondents reported that some patients never received results. Of importance, there was no observable pattern to procurement channels or pricing.

CONCLUSION Reliable, accurate, and timely diagnosis is vital to improving outcomes for patients with breast cancer in low-income countries. Significant variation related to operations, human capital management, product mix, procurement methods, and pricing was observed between and within the East African Community countries. Additional investigation is needed to identify opportunities for applying best practices and leveraging regional synergies for impact.

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EQUAL CONTRIBUTION

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

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