

# Financial and Structural Drivers of Cancer Care Delays in Nigeria: Evidence from the COST-FIN Trial

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## Background

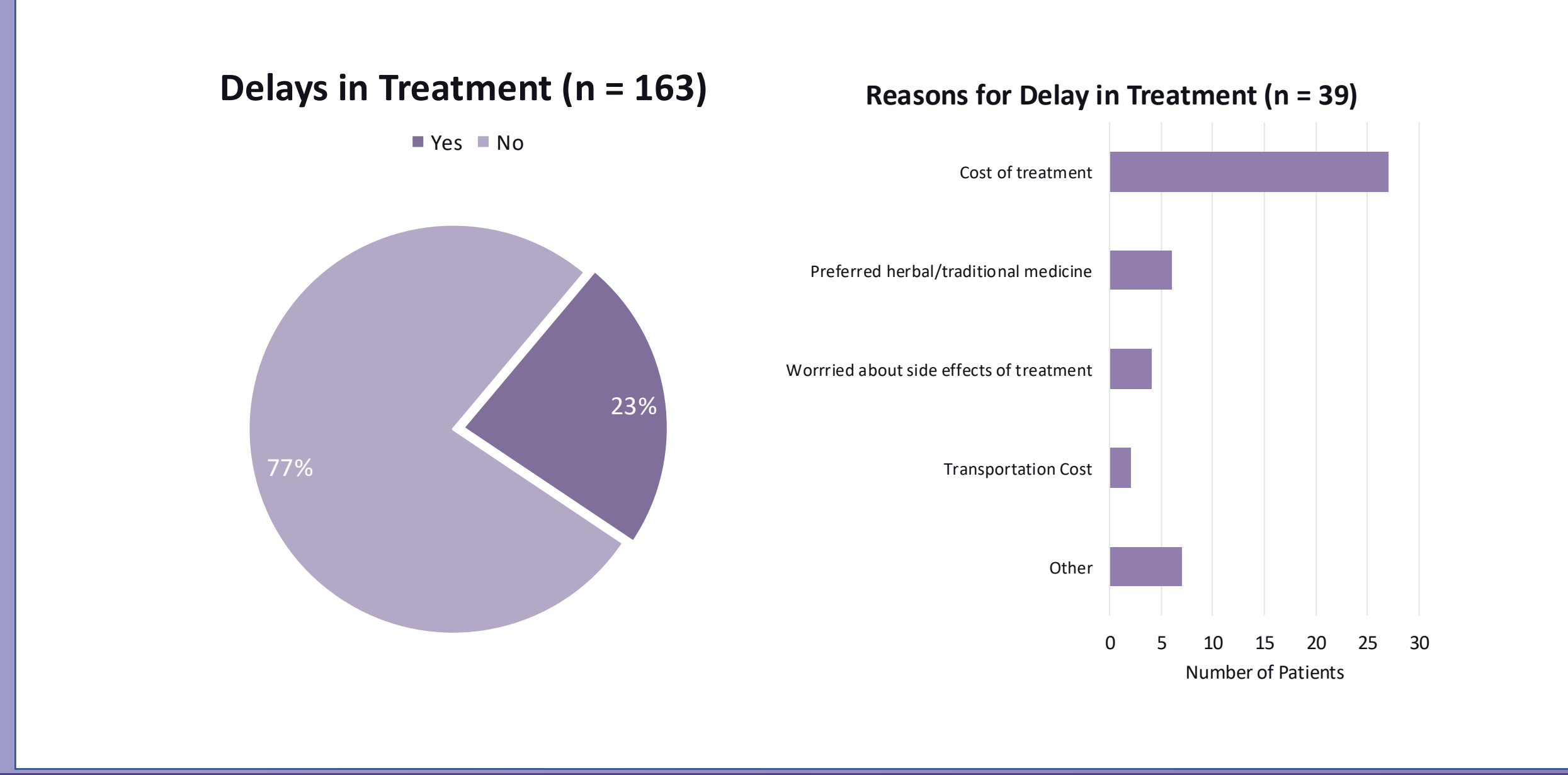
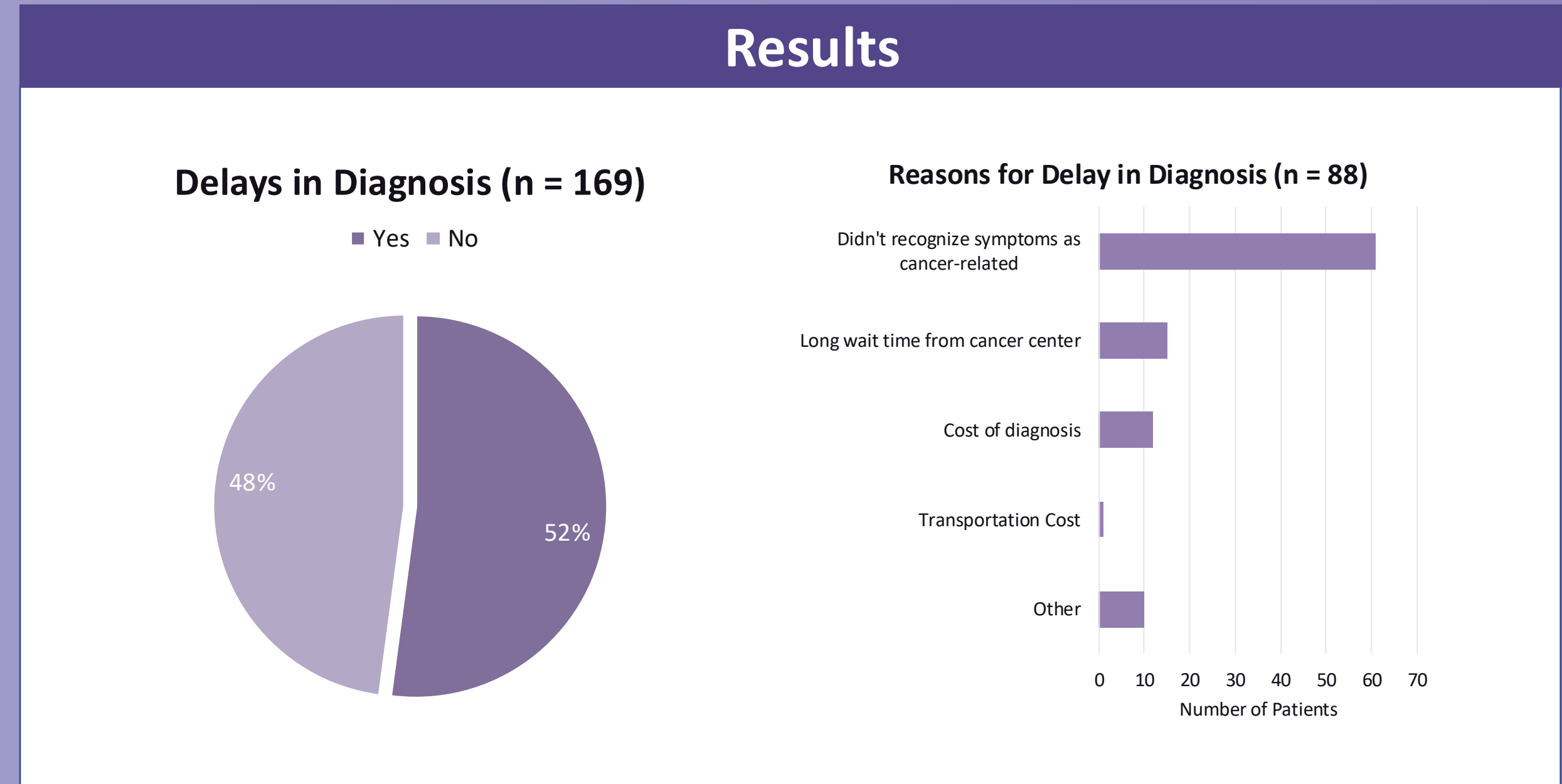
- Low- and middle-income countries (LMICs) are expected to bear a disproportionate share of the global cancer burden and account for >70% of global cancer mortality
- In these settings, delays in cancer diagnosis and treatment are common and contribute to late-stage presentation and poor survival outcomes. Over 60% of cancer patients in Africa present late-stage
- Delays may stem from patient-related factors (e.g., low health literacy, financial constraints), health system challenges (e.g., poor infrastructure, weak referral systems), and structural issues (e.g., economic instability, policy gaps)
- COST-FIN is the first pragmatic randomized controlled trial in an LMIC investigating the impact of a financial navigation program (FNP) on financial catastrophe, financial distress, and cost-related nonadherence for cancer patients.

## Research Objectives

- To assess the prevalence of and risk factors associated with delayed diagnosis and treatment in patients enrolled in the COST-FIN trial

## Methods

- Adult patients (≥18 years) at two Nigerian cancer centers diagnosed within six weeks with breast, colon, rectal, or prostate cancer were eligible for enrollment in COST-FIN
- Enrolled patients were randomized 1:1 to the intervention arm (FNP) or the control arm (no FNP)
- At enrollment, all patients completed baseline surveys capturing timelines of symptom onset, diagnosis, treatment, self-reported delays in diagnosis or treatment, as well as self-reported reasons for delays
- Descriptive statistics were used to summarize the frequency of and reasons for delays. Statistical comparisons between study arms at baseline were conducted.



## Key Findings

- 169 COST-FIN patients have completed surveys on diagnostic delays and 163 patients have completed surveys on treatment delays
- Median time from symptom onset to diagnosis: **23.9 weeks** (IQR 13.0-52.1 weeks)
- Median time from diagnosis to treatment: **2.6 weeks** (IQR 1.3-4.8 weeks)
- 52% reported a delay in diagnosis** → main reasons: **lack of cancer awareness (69%)**, long wait times (17%), and costs (14%)
- 24% reported a delay in seeking treatment** → main reasons: **treatment costs (69%)**, preference for traditional medicine (15%), and concerns about side effects (10%).
- Patients with colorectal cancer had significantly lower odds of delay in diagnosis relative to patients with breast cancer (OR 0.19) on multivariate logistic regression (adjusted for age, gender, trial site, monthly family income, and insurance)
- Higher FACIT score (OR 0.95), indicative of greater financial well-being**, and colorectal cancer (OR 0.13) were independently associated with significantly lower odds of delay in treatment on multivariate logistic regression

## Conclusions / Future Directions

- Delays in cancer diagnosis and treatment are prevalent among patients in the COST-FIN trial. **Treatment and diagnosis cost and lack of cancer awareness are key drivers of delays.**
- FNP through COST-FIN may lessen the financial burden of cancer care in Nigeria, reducing diagnosis and treatment delays and improving long-term treatment adherence
- Public health strategies aimed at increasing cancer awareness and early symptom recognition are essential to further reduce delays in accessing care.

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