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Predictors of Negative Outcomes and Causes of Loss to Follow Up Among Breast Cancer Patients in Port-au-Prince, Haiti

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Predictors of Negative Outcomes and Causes of Loss to Follow Up Among Breast Cancer Patients in Port-au-Prince, Haiti

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Objective: To determine predictors of negative outcomes and causes of loss to follow-up (LTFU) in patients with breast cancer in Haiti.

Design and Methods: Patients seen by Innovating Health International's (IHI) cancer program were designated as LTFU after at least six months of non-contact (n=606). A cohort of LTFU breast cancer patients (n=101) was compared to the larger population of breast cancer patients (n=939), and a regression model constructed in order to identify risks for death and LTFU. Multiple calls were made to contact LTFU patients, and reasons for LTFU were recorded.

Results: Death and LTFU status were associated with advanced stage ($p < 0.0005$), higher ECOG ($p = 0.011$), and longer care ($p < 0.0005$; $p = .03$); LTFU status was lower with positive family history ($p = 0.022$). 42.7% of LTFU patients were successfully contacted and 37.9% of these were reported deceased. The most common reasons for LTFU to clinic were obtaining care elsewhere and difficulty accessing care (due to distance, unrest, and money).

Conclusions: Understanding causes of LTFU can suggest measures to reduce risk. LTFU was driven by the same factors as mortality, suggesting many "lost" patients may be deceased; this

conclusion is furthermore supported by the low rate of successful recontact and high rate of death in the LTFU population. These conclusions support the need for improved palliative care outreach. Furthermore, LTFU status in Haiti is in part due to difficulties accessing care due to issues of politics, infrastructure, and economics.