

# Genetic Testing for Breast Cancer Patients in Nigeria: A Survey of Health Care Providers

Funmilola Olanike Wuraola<sup>1,4</sup>, Anna Dare<sup>6</sup>, Olaide Agodirin<sup>2</sup>, Nneka Sunday-Nweke<sup>3</sup>, Sharif Folorunsho<sup>1</sup>, Olusegun Alatise<sup>1</sup>, Emma Reel<sup>4</sup>, Tulin Cil<sup>4,5,6,7</sup>

<sup>1</sup>Obafemi Awolowo University, Ile-Ife Nigeria; <sup>2</sup>University of Ilorin Teaching Hospital, Ilorin, Nigeria; <sup>3</sup>Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Nigeria; <sup>4</sup>University Health Network, Toronto, Canada; <sup>5</sup>Faculty of Medicine, University of Toronto, Toronto, Canada; <sup>6</sup>Department of Surgery, University of Toronto, Toronto, Canada; <sup>7</sup>Sprott Department of Surgery, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada

## 1 Introduction

Breast cancer is the most common female malignancy in Nigeria, the most populous country in Africa

- Incidence rate is 54.3/100,000
- Highest reported mortality rate in Sub-Saharan Africa (Figure 1)
- Stage-specific survival is worse than in high-income countries due to:
  - ❖ Diagnosis at a *younger age* and *later stage* (>80% with stage III/IV)
  - ❖ Higher proportion of *triple negative* tumors (~40%)

The role of genetics in the management of breast cancer has become increasingly important.

- The prevalence *BRCA1* and *BRCA2* mutations are higher than in North American populations (7.1% and 3.9% respectively)
- Low and middle-income countries like Nigeria have limited access to genetic counseling and testing

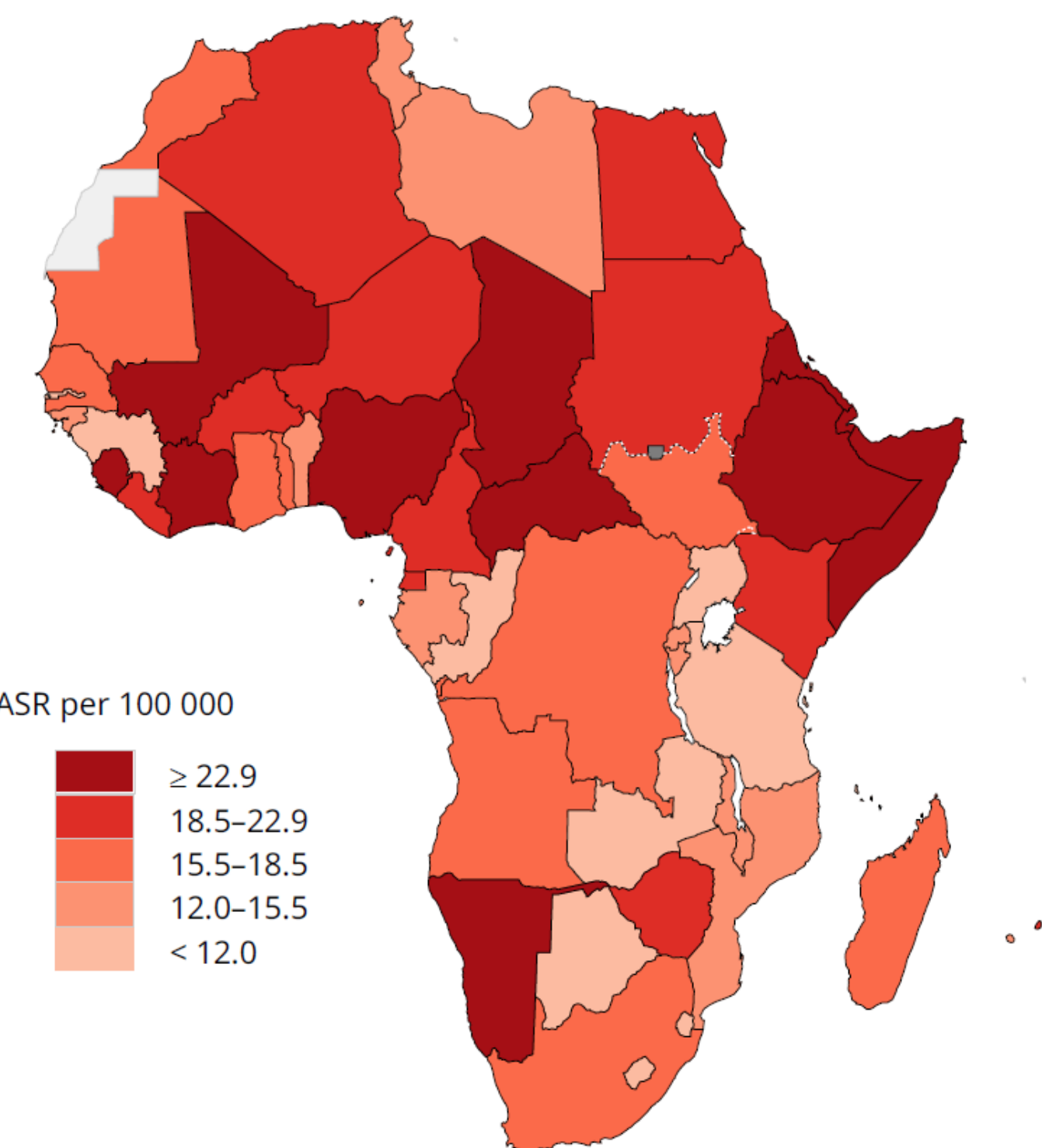


Figure 1: Map of Africa showing distribution of age-standardized mortality rates by countries.

**Objective:** To assess the knowledge and perceptions of hereditary breast cancer testing amongst breast cancer health care providers (HCP's) in Nigeria

## 2 Methods & Materials

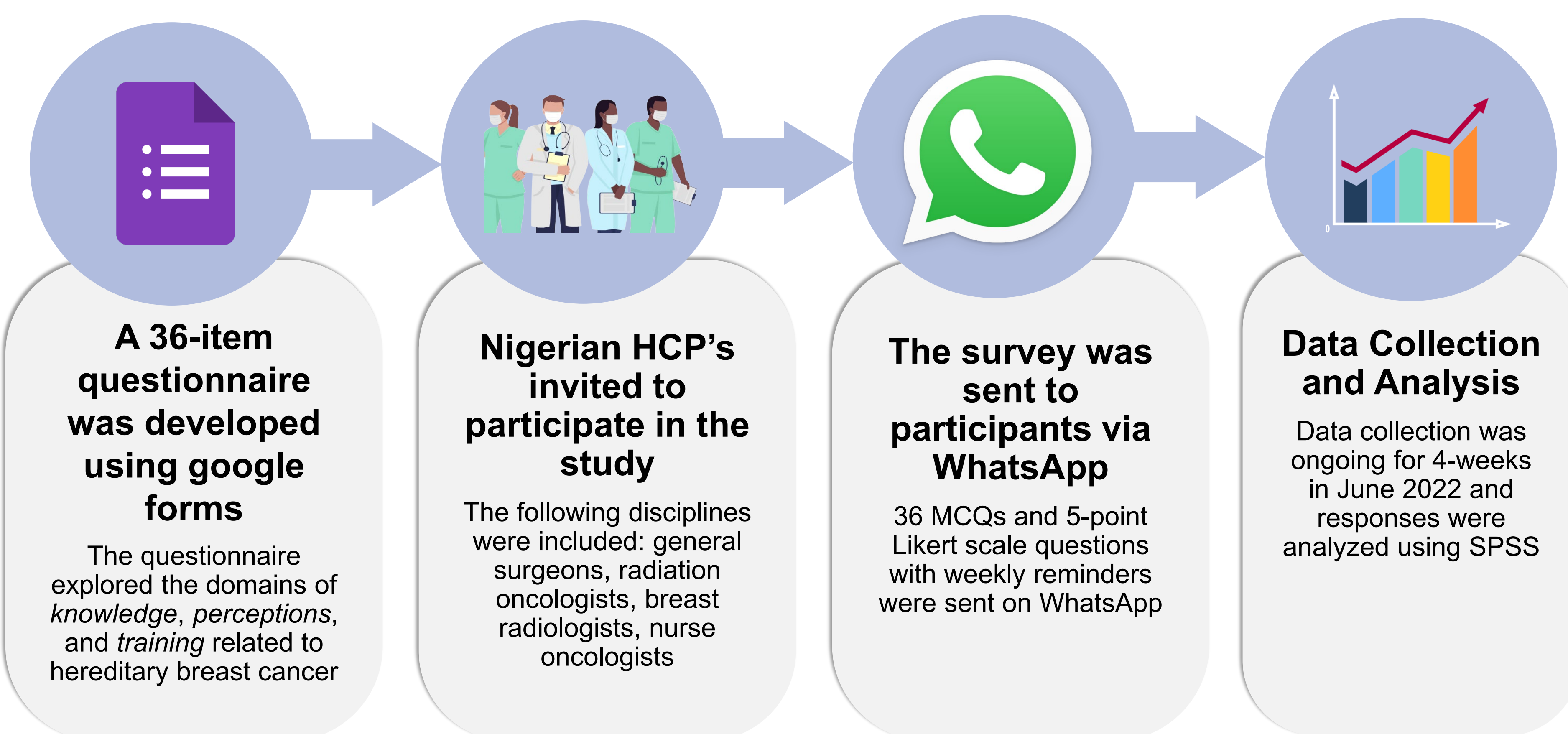


Figure 2: Methodology process flow

REB approval was obtained from Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria.

## 3 Results

### Sociodemographic Characteristics

- 121 respondents (22% response rate)
- 36% female, 64% male
- ~ 78% of respondents work in public teaching hospitals across all geopolitical zones of the country

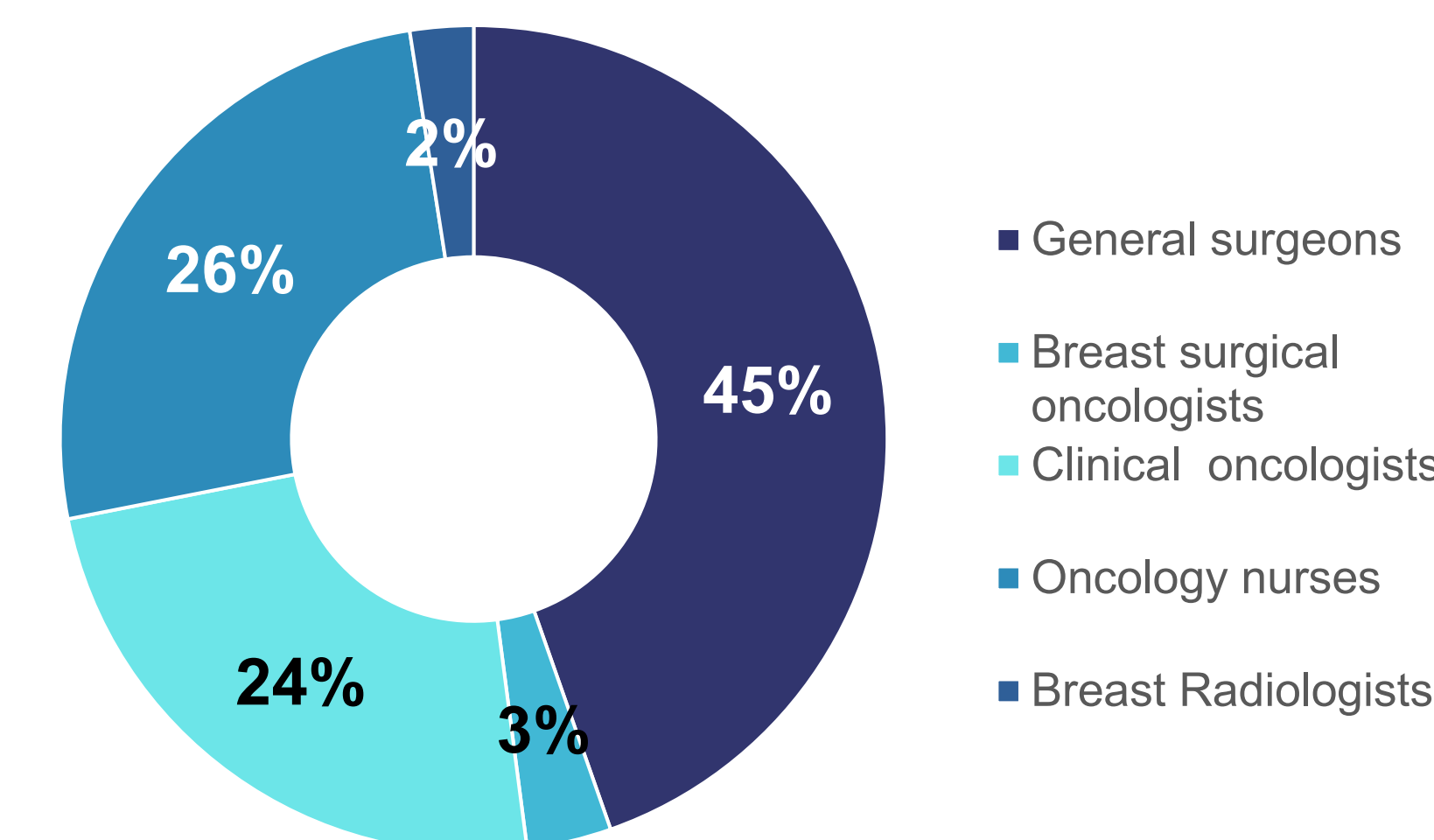


Figure 3: Composition of survey participants

### Barriers to Genetic Testing (GT) in Clinical Practice

- 97.5% **Lack of a genetic counselling services**  
Despite access to some testing facilities, the number of trained genetic counsellors in the country is limited
- 57.9% **No Pathway for Referral**  
No direct referral pathways to genetic testing and counselling services
- 52.9% **Lack of testing facilities**  
Nigeria has capacity for sequencing, however infectious diseases are often prioritized. GT usually done privately at high out of pocket cost to patient

### Assessing Knowledge of Hereditary Breast Cancer

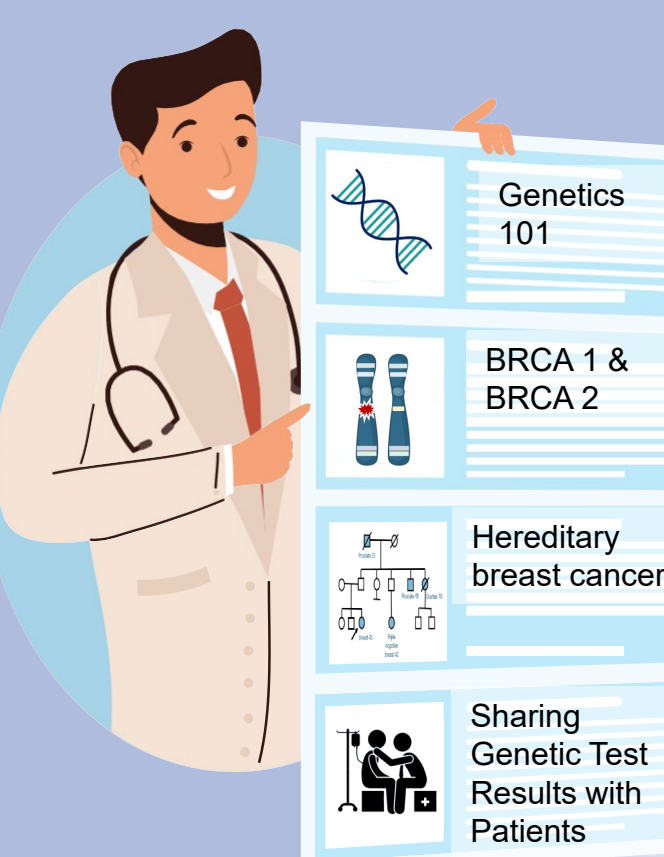
Questions based on the NCCN guidelines highlight >70% of participants had significant knowledge about the criteria for hereditary breast cancer genetic testing, with opportunities continuing education in this area

Table 1: Knowledge of indications for Hereditary Breast Cancer GT

Indication for Breast Cancer Genetic Testing	N= 121	%
Breast cancer at Age >50 years	93	76.9
Triple negative breast Cancer	80	66.1
Positive Family History of breast Cancer	85	70.2
Personal History of multiple malignancies	94	77.7

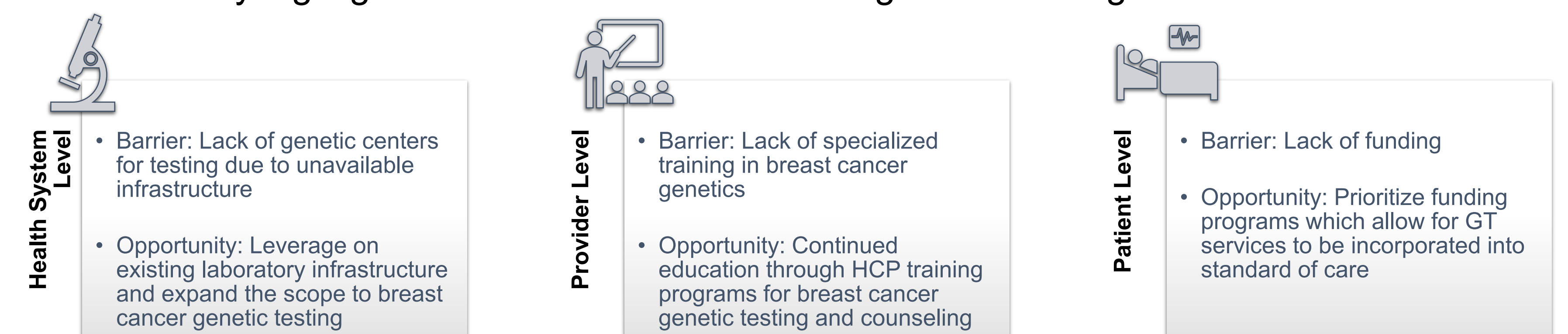
### Training

- <10% of respondents have formal genetics training
- All are willing to be trained or send a colleague from their institution for training
- Preferred mode of training is hybrid (online and in person) model



## 4 Discussion and Conclusions

- Breast cancer is steadily increasing in Nigeria, with over 40% of patients with TNBC
- This survey highlights the need for breast cancer genetic training for HCPs



**Conclusion:** This survey study identified a variety of barriers to genetic testing access for breast cancer patients in Nigeria. It also highlighted educational opportunities for HCPs. Improving access and care in this area will require a multi-pronged approach to address these specific issues.

**Future Study:** Our group has undertaken a 3-phase project including development of educational modules for genetic testing information and a pilot study to develop a genetic testing program in 3 Nigerian Hospitals.

