

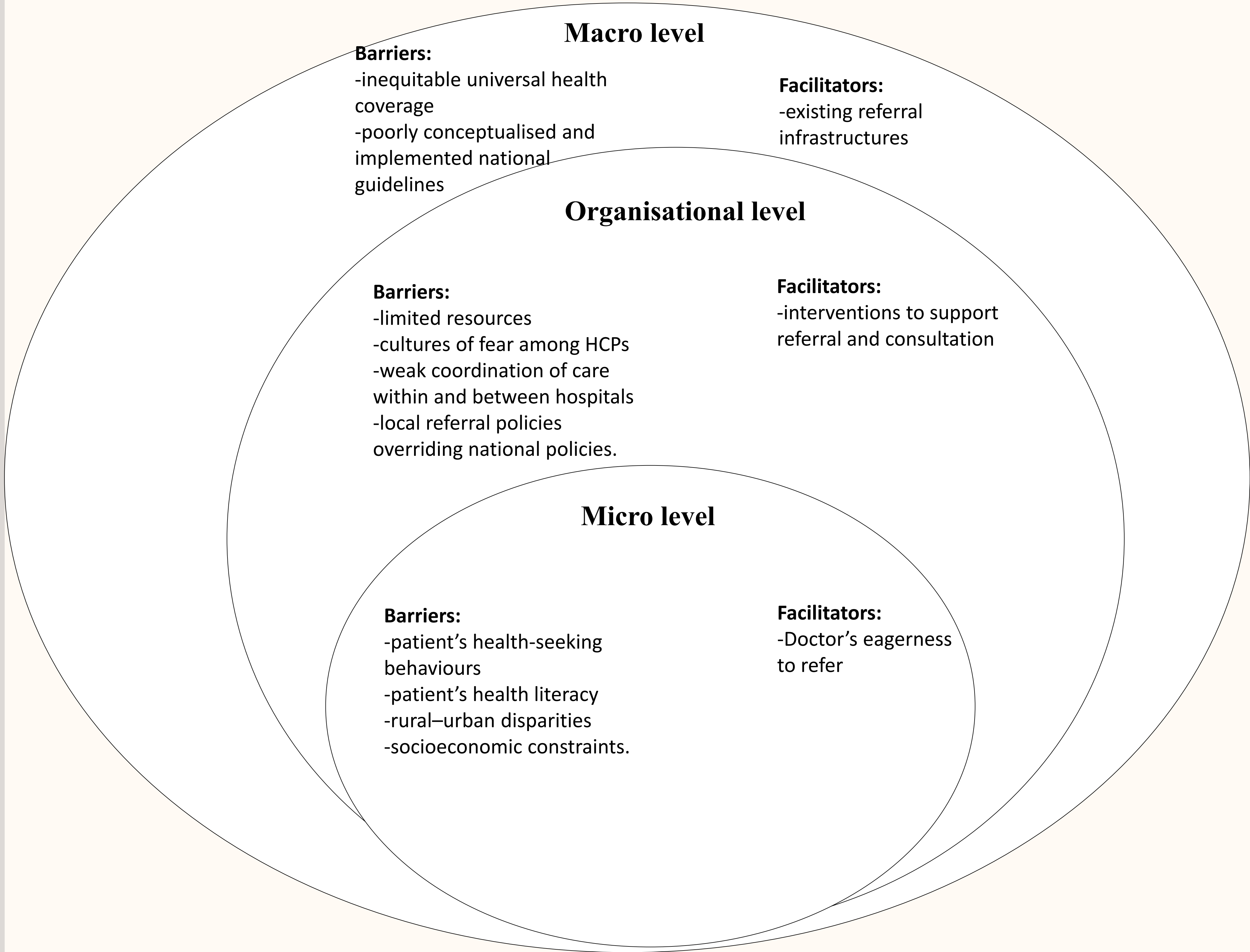
# Overcoming Barriers in Metastatic Breast Cancer Care: Tackling Tribalism, Policy Neglect and Referral Delays

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## Introduction

- Approximately 10% of newly diagnosed breast cancer cases in Thailand are metastatic (mBC)<sup>1</sup>.
- Timely referral of symptomatic women is recommended, yet patient, healthcare professionals (HCPs) and system-level factors contribute to referral delays<sup>2,3</sup>.
- Some patient-level barriers have been reported, little is known about the Thai context; evidence on HCPs and system-level contributors remains limited.
- This quality improvement project applied a general qualitative approach and aims to:
  - *identify and explore factors influencing referral delay in mBC patients;*
  - *recommend contextually appropriate, evidence-based interventions;*
  - *identify strategies for implementation.*

Figure 1. Identified barriers and facilitators to breast cancer referral



## Methods

- Semi-structured interviews were conducted with eight mBC patients and twelve doctors between February-August 2025 who were working and receiving care in the heath district 12 (Southern Thailand).
- Twelve interviews were conducted via telephones and eight were conducted face-to-face. All were transcribed verbatim and analysed using reflexive thematic analysis<sup>4</sup>.
- National and regional breast cancer policies and guidelines were also reviewed and analysed using documentary analysis.

## Results

- The analysis revealed multi-level barriers (see Fig. 1):
  - macro level: inequitable universal health coverage and poorly conceptualised national guidelines.
  - organisational level: limited resources, a culture of fear among HCPs, weak coordination of care and referral policies overriding national policies.
  - micro level: patient's health-seeking behaviours, rural–urban disparities, and socioeconomic constraints.
- All doctors participants indicated that the national breast cancer guidelines have not been implemented at all; they were aware of the national policies but used the local guidelines which seems to be created by hospital medical directors.

## Discussion or conclusions

- Referral delays in metastatic breast cancer in Thailand are **multi-faceted**, spanning macro, organisational, and micro-level barriers.
- Addressing referral delays requires interventions that span policy reform, organisational culture change and patient empowerment including:
  - strengthening coordination mechanisms and aligning referral policies with national guidelines, reducing systemic fragmentation.
  - Tailored patient-centred education and support strategies for rural and socioeconomically disadvantaged populations
- Next steps involve stakeholder consultations to refine contextually appropriate interventions and strategies for implementation.

## References

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