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Late presentation in cancer care: Implications for treatment and survival. A Narrative Review

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Reviews

Late presentation in cancer care: Implications for treatment and survival. A Narrative Review

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ABSTRACT

Introduction: Late presentation in cancer remains a major global public health issue, which is particularly common in low- and middle-income countries, including Nigeria, with most cancer cases presenting in an advanced stage. This reduces the chances of curative treatment options and successful treatment, increases mortality, reduces the number of treatment options, and leads to poor outcomes compared to early presentation.

Methodology: A structured narrative review approach was employed using electronic databases such as Google Scholar, ResearchGate, ScienceHub, PubMed/MEDLINE, a snowballed reference list, and manual searches of the reference lists from relevant publications. Peer-reviewed articles published in English between 2016 and 2026 were eligible if they examined factors associated with late presentation, its impact on treatment and survival, or nursing interventions to promote earlier diagnosis. The methodological quality of included studies was appraised using the Critical Appraisal Skills Program (CASP) checklist, and findings were synthesized effectively. Articles covered empirical studies, narrative reviews, and scoping reviews. Data were extracted on the late presentations of cancer patients.

Results: The review revealed late presentation of

cancer due to two prominent factors: patient-related factors and health system factors. The study further examined subheadings such as the impact of late cancer presentation and diagnosis on survival and well-being, as well as strategies to improve early presentation and survival in cancer nursing care.

Conclusion: This evidence-based information clearly demonstrates that late presentation in cancer care has bad implications for treatment and survival of cancer patients. Therefore, to ensure early presentation, strategies to improve early presentation and survival must be incorporated in nursing cancer care globally at all levels of care.

Keywords: Cancer, Early Detection, Late presentation, Survival

INTRODUCTION

Cancer is a serious global public health concern, being the second deadliest condition, with the highest mortality rate, estimated to be 9.6 million, occurring at a ratio of 1 in 6 among the population¹. It is one of the chronic disease conditions that can occur in any organ or tissue of the body and constitute a major factor in mortality and

morbidity rates globally². Cancer is a collection of illnesses marked by aberrant and uncontrolled cell growth that, if left untreated, can spread to distant organs and infect nearby tissues³. Assessment of Quality of Life (QoL), which has become a crucial factor in cancer care, is part of the management of cancer that goes beyond clinical treatment⁴. Late presentation in cancer care remains a significant public health challenge that harmfully affects treatment outcomes and survival rates among patients, particularly in low-and-middle-income countries⁵. Since early diagnosis improves prognosis and increases the chance of successful therapy, it is essential for efficient care.

On the other hand, delayed presentation sometimes leads to a diagnosis at later phases of the illness, which are more complicated and challenging to treat⁶. Late detection of cancer frequently results in fewer treatment options, less effective therapeutic approaches, and much higher risks of complications and death⁷. As a result, patients with cancer continue to have worse clinical outcomes and a lower quality of life due to late presentation⁸. In cancer care, late presentation is caused by several reasons.

A lack of knowledge about early warning symptoms, fear of diagnosis, social stigma, financial restrictions, and dependence on conventional or alternative treatment approaches frequently delay timely health-seeking behavior⁹. In many societies, signs and symptoms presented may not necessitate referral if cancer symptoms are not well understood¹⁰. Inadequate access to diagnostic facilities and screening services can also impede early illness identification and prompt confirmation¹¹. Delays in diagnosis and the start of appropriate treatment are also caused by structural issues in health systems, such as long wait times, a lack of specialized healthcare professionals, and limited access to diagnostic equipment¹². Furthermore, late presentation has significant consequences for the treatment of cancer.

The study by Chasty⁵ and Barrios¹³ agreed that patients who are diagnosed at advanced stages frequently need more severe and complex treatment modalities, such as combinations of radiation, chemotherapy, and surgery¹⁴. These therapies are often linked to increased toxicity, higher treatment costs, and longer hospital stays¹⁵. Palliative management, which emphasizes symptom control and quality of life enhancement above illness eradication, may occasionally replace curative therapy as the primary focus of care¹⁶. In addition to having an impact on survival rates, this shift places significant financial, emotional, and social strain on patients, their families, and healthcare systems¹⁷. The stage at which cancer is identified has a significant impact on survival results.

Early-stage cancers often have greater survival rates and better prognoses than advanced-stage cancers¹⁸. Tumor

metastatic process may erupt as early as possible or may be seen in the late primary tumor; therapeutic goals are preventive measures in high-risk¹⁹. Furthermore, when patients and their families deal with uncertainty, drawn-out treatment procedures, and the potential for unfavorable consequences, delayed diagnosis may increase psychological suffering¹⁶.

It was documented by Hanna et al.²⁰, delayed diagnosis is often linked to advanced disease stages, fewer treatment options, and worse survival rates, making late presentation in cancer care a crucial issue. The chance of early detection and successful treatment can be increased by raising public knowledge of cancer symptoms and the need for early screening. In line with the view of Haque et al.²¹, boosting timely utilization of healthcare services also requires strengthening primary healthcare systems, lowering financial obstacles, and increasing access to diagnostic and treatment services. Therefore, this narrative review aimed to look at late presentation in cancer care and how it affects survival and treatment results.

Objectives are to:

- i. Examine common factors contributing to late presentation of cancer among patients.
- ii. Discuss the impact of late presentation on cancer survival rates and well-being.
- iii. Propose strategies that can improve early presentation among cancer patients.

Research questions

1. What are the common factors contributing to the late presentation of cancer among patients?
2. What are the impacts of late presentation on cancer survival rates and well-being?
3. What are the proposed strategies that can improve early presentation among cancer patients?

GLOBAL BURDEN OF CANCER AND RELEVANCE OF EARLY DETECTION

Globally, cancer is rated the second leading cause of death, which accounts for 14.57% of mortality and approximately 9% of total disability-adjusted life years (DALYs) in 2021²². Global cancer cases were documented by Wu et al.²², to be in Asia (49.2%), Europe (approximately 25%), and 20.4% of cancer death origin. The standardized global age range incidence was 790 per 100,000 and mortality 116 per 100,000, with the highest burden in Asia. It was documented by²³ that Asia reported peak breast cancer incidence to be 985,817, Europe (557,532), and Northern America (306,307). It was further documented that Africa had the highest mortality-to-incidence ratio (MIR) of 0.510; this reflects challenges in early detection and treatment. However, according to global breast cancer statistics, by

2050, breast cancer cases will have exceeded 6 million, Asia leading with 2.0 million, and followed by Africa with 1.118 million²³. Gastrointestinal cancers contributed about 4.8 million new cases and 3.4 million deaths in 2018²⁴. Lung cancer caused an estimated 2.2 million new cases and 1.8 million deaths in 2020, Li et al.²⁵, while breast cancer is the most prevalent and commonly diagnosed malignant cases in women, its projection will exceed 6 million cases by the year 2050^{22,23}. Meanwhile, Ngoma et al.¹, reported 18.1 million new cases of cancer and 9.6million death in 2018.

Survival rate is dependent on the stage at diagnosis. Across multiple tumor types, including non-small cell lung cancer, triple negative breast cancer, melanoma, gastric cancer, head and neck cancer, renal cell carcinoma, and bladder cancer, early-stage diagnosis is consistently associated with markedly higher overall survival and lower mortality than late stage diagnosis²⁶. A systematic review across seven prominent tumors showed that early diagnosis leads to longer survival, improved quality of life, and lower healthcare costs; meanwhile, late-stage diagnosis inherently comes with fatal clinical outcomes and higher spending²⁷.

Population-based data highlight similar patterns. In lung cancer, countries with effective tobacco control and early detection strategies show declining incidence and mortality, while settings with limited control continue to face rising burdens and late-stage presentation²⁵. In breast cancer, regions with higher mortality-to-incidence ratios (MIRs), notably many African countries, have higher numbers of advanced cases at diagnosis, leading to poorer survival, as a result of constrained screening and treatment capacity²³.

Significantly, the costs of late presentation go beyond survival. Late-stage disease regularly requires more complex, multimodal, and toxic treatment, increased hospitalizations, and long-term morbidity, disproportionately affecting health systems with limited resources²⁸. Modelling studies of emerging multi cancer early detection (MCED) technologies suggest that even modest stage shifts from late to early disease across multiple cancers could prevent substantial numbers of cancer deaths at the population level²⁹. Yet, in many low- and middle-income countries (LMICs), as well as among marginalized groups such as refugees, the majority of patients still present late.

Studies from Ethiopia consistently identify knowledge gaps, cultural beliefs, poverty, transport barriers, and fragmented cancer services as central drivers of delayed presentation and suboptimal treatment³⁰. These patterns underscore the urgency of strengthening early detection and timely treatment as core components of global cancer control.

METHODOLOGY

A narrative review design was used to formulate current

evidence on determinants and consequences of late presentation in cancer care and to examine the implications for treatment outcomes, survival, and oncology nursing practice. In this review, a structured narrative review and transparent approach to reduce subjectivity in the identification, selection, appraisal, and synthesis of relevant studies. Papers were identified through a selection process of recurring structured literature searches and manual searches of citations in published papers. However, this is not a systematic review.

Search Strategies

A comprehensive literature search was conducted between December 2025 and March 2026 using PubMed, ResearchGate, google scholar database. Additional searches were undertaken through manual examination of the reference lists of all eligible references (snowballing) to identify relevant articles that were not retrieved through electronic databases. Only peer-reviewed publications with accessible full text were considered. The search strategy combined Medical Subject Headings (MeSH) and free text terms using Boolean Operators (AND, OR). The principal search team included: late presentation, quality of life, nursing care, early detection, cancer, advanced stage diagnosis, etc.

Data extraction Synthesis

Data extraction was based on late presentation in cancer care: implications for treatment and survival, the associated factors, effects of late presentation, impacts of late presentation, and strategies to improve early presentation among the community people.

Inclusion Criteria

Inclusion criteria were peer-reviewed articles between 2016 and 2026, including studies examining late presentation of all aspects of cancer, including all ages, focusing on empirical studies, narrative reviews, scoping reviews, and systematic reviews published in the English Language. Focused on any cancer types and examined factors associated with delayed diagnosis, advanced stage diagnosis, treatment consequences, survival outcomes, or interventions promoting early presentation.

Exclusion Criteria

Studies were excluded if they were published before 2016, if they were written in languages other than English, if they lacked full text availability, if they did not specifically address delayed presentation in cancer care / its implications for treatment and survival, if they presented duplicate findings already reported in another included publication.

Ethical consideration

This study did not involve human participants or primary data collection; therefore, ethical approval was not

obtained. Meanwhile, all sources were appropriately acknowledged, and academic integrity was maintained throughout the review process.

RESULTS

Common Factors Contributing to Late Presentation of Cancer Among Patients

Late presentation of cancer, often defined as delays averaging 7.4 months from onset of the symptoms to 4.9 months to healthcare consultation or diagnosis, remains a critical barrier to effective treatment worldwide, particularly in low- and middle-income countries (LMICs)³¹. This phenomenon contributes to advanced-stage diagnoses, poorer prognosis, and higher mortality rates, straining healthcare systems. Studies highlight patient-related, socioeconomic, and systemic factors as primary drivers, with over 50% of patients in various cohorts experiencing such delays. The factors can be widely subdivided into 2 major headings. Namely: Patient-related factors and Health system factors.

Patient Related Factor

These are factors that are inherent in patients. These patient-related factors can be Personal factors, Socio-economic factors, and psychological factors.

Personal factors – Awareness, fear, and Misinterpretation of Symptoms

Creating awareness about breast cancer has been significantly low, although there is information on social media about all forms of diseases; breast cancer awareness will lead to early detection and this should be everyone's responsibility. Lack of awareness has led many to their early grave, excessive and unnecessary spending. Many patients dismiss early cancer symptoms as benign, delay seeking help due to a lack of knowledge about warning signs³². For instance, 80% of patients discover symptoms by themselves, but only one-third seek immediate care, and often attributes issues like abnormal bleeding to minor ailments. This is prevalent in cervical cancer, where 77% of women were unaware of red-flag symptoms like vaginal bleeding. Factors, such as fear or denial, lead to median presentation delays of 60 days³³. In head and neck cancer (HNC), poor symptoms recognition contributes to 65% of delayed diagnoses, with patients waiting months before consulting professionals³⁴.

Socioeconomic factor – Poverty, Unemployment, and Family responsibilities

Lower socioeconomic status (SES) is strongly related to delays, as patients with limited income prioritize work over medical check-ups. In Malaysia, higher delay proportions occur among low-SES groups without a cancer family history, with median intervals of 60 days^{35,36}. Poverty hinders access, as seen in cervical cancer, where people

who are below the poverty line intentionally delay treatment initiation; about 60% utilized insurance but still faced with challenges³³. High social vulnerability, including housing/transport issues, raises surgical delay odds in breast cancer, emphasizing economic burdens in vulnerable communities³⁵. Patients who are the financiers and sole breadwinners face heightened delays in presenting early to the hospital due to risks of work and financial pressures³⁴. He or she who sees to the responsibilities of the family may not show up early because of the thought of being admitted. He or she will keep managing himself/herself until the matter escalates, then present when the case would have gotten out of hand³⁴. Disease apprehension and family duties deter care-seeking, evident in Malaysian cohorts where employment status links to delays. Breast cancer data show that social vulnerability, including breadwinner roles, elevates surgical delays by tying patients to daily survival needs³⁶.

Psychological Factors – Stigma, Fear and Denial

Emotional and psychological factors also play a significant role in delayed presentation. Cancer is often associated with fear of death, suffering, or physical disfigurement, which may discourage individuals from seeking diagnosis even when symptoms are present^{10,37}. Some patients avoid hospital visits because they fear receiving unfavourable diagnoses or undergoing painful treatment procedures³⁴. In certain communities, stigma surrounding cancer may lead individuals to conceal symptoms or delay disclosing their condition to family members³⁸. Such fear-driven delays allow the disease to advance before medical intervention is sought³⁹. Denial is a conscious effort to disagree with a particular situation, and it is a very powerful tool that most patients exhibit in delaying coming to health facilities for immediate treatment. The shock of receiving a cancer diagnosis had also contributed to late presentation⁴⁰.

Socio-Cultural Factor – Reliance on Alternative Remedies

Before attending medical institutions, patients in many communities first seek care from traditional healers or rely on herbal and alternative therapies⁴¹. Despite the strongly ingrained cultural customs, socio-cultural factors, such as relying on unproven therapies, can postpone proper diagnosis and treatment⁴². Cancer may continue to develop and spread during this time, decreasing the efficacy of therapy when patients do ultimately show up at hospitals. This delay may be exacerbated by the notion that alternative treatments may treat severe diseases, and the use of complementary alternative therapy is significantly associated with delay in presentation⁴³.

HEALTH SYSTEM FACTOR

Poor Access to Healthcare Facilities, long waiting times, and referral delay

Organizational issues like long waiting periods and long

distances to facilities prevent timely care. In Malaysia, the waiting period for doctors contributes to higher presentation delays across cancer centres³⁵. Rural or underserved areas worsen this; good road access halves delay. Referrals from local health facilities to a higher level of care significantly affect early presentation, for advanced imaging prolongs timelines, with median diagnosis delays of 7 days but treatment initiation at 28 days in cervical cancer⁴⁴. In addition, lack of access to good and affordable treatment and distance from the patient's home to the health facility can prevent them from accessing the health facilities. stated that long distances to referral centres can also contribute to late presentation⁴⁵.

Consultation with Informal Providers or Unskilled Health Workers

Seeking early medical care from traditional healers or unskilled health workers diverts patients from modern health systems, thus prolonging their presentation time. In cervical cancer, prior consultations with unskilled health workers, significant time would have been associated with delayed presentation ($p < 0.05$), as patients exhaust non-evidence-based options first³³. This is common in LMICs; A study revealed a similar pattern where informal advice leads to advanced stage arrivals (70% stage 4)³⁴. Low education amplifies reliance on such providers, due to gaps in creating awareness³⁶.

Health-Seeking Behaviour

Delayed presentation can also result from health-seeking behaviour that is impacted by social settings, prior experiences, financial burden of treatment and misinformation⁴⁶. Some people would rather watch their symptoms for a longer time than get medical help right away, especially if they seem minor at first, and instead of consulting a medical expert, some obtain counsel from friends or relatives⁴⁷. Delays in seeking medical advice are a major factor in late cancer manifestation and worse disease outcomes²⁰.

IMPACT OF LATE CANCER PRESENTATION AND DIAGNOSIS ON SURVIVAL AND WELL BEING

When a patient with cancer does not present in the hospital at an early stage based on any or all of the factors stated above, the resultant effects are not always palatable because it would have gotten to the advanced stage, and any medical help sought at that time may be drastic, and the survival rate is very slim. Late presentation will not just come with ordinary treatment, and when these drastic treatments are employed, there will be indelible marks, which can be any of the following:

Advanced combined therapies

Delayed cancer diagnosis often results in patients presenting with more advanced disease, which necessitates the use of aggressive combined therapies

such as surgery, chemotherapy, and radiotherapy⁴⁸. For example, in endometrial cancer, patients who experienced surgical delays beyond eight weeks were significantly more likely to require adjuvant pelvic radiation or brachytherapy, reflecting a shift toward more intensive treatment regimens to manage worsened disease status⁴⁹. Similarly, in head and neck cancers, delayed diagnosis and treatment initiation are associated with increased tumor burden and stage progression, leading to the need for multimodal treatments that combine surgery with chemoradiation or other therapies⁵⁰. This escalation in treatment intensity aims to improve survival but also increases toxicity and complexity of care. The necessity for aggressive combined therapies is thus a direct consequence of diagnostic delays that allow tumors to progress unchecked⁵¹.

Reduction in the Treatment Effectiveness

Delays in diagnosis and subsequent initiation of therapy are consistently linked to reduced effectiveness of cancer treatments. Meta-analyses have shown that even a four-week delay in initiating surgery or systemic therapy can increase mortality risk by 6–8% across several cancers including breast, lung, colorectal, and head and neck cancers⁵⁰. In breast cancer specifically, delays over three months from diagnosis to first treatment significantly worsen overall survival⁵². The diminished effectiveness is partly due to higher tumour burden and advanced stage at treatment start, which reduces the likelihood of curative⁵³. Furthermore, studies have demonstrated that longer diagnostic intervals are associated with increased recurrence rates and poorer disease-free survival⁵⁴.

Disease progression

Late presentation usually means diagnosis at stage III–IV, when tumors are larger, nodal or metastatic spread is established, and curative options are limited. Across multiple cancers, a later stage at diagnosis is consistently associated with markedly shorter median overall survival and faster progression compared with early stage disease. From the study conducted in Portugal⁵⁵, majority of patients had advanced disease at diagnosis. In Ethiopia, several factors led to late presentation among breast cancer patients, this results in diagnosis at advanced stage, driven by long patient delays, traditional medicine use, and poor access to screening, which strongly worsens prognosis⁵⁶. Similar late presentation in cervical cancer in Malawi is linked to advanced, incurable disease at first contact with health services⁵⁷.

Poor physical health and quality of life

More advanced stage and more intensive treatment (e.g combined chemo radiotherapy) are associated with greater physical disability, fatigue, neuropathy, pain, and other late effects, all of which reduce health-related quality of life (HRQoL)⁵⁸. Large cohort data show cancer survivors have higher rates of severe functional limitations and fair/poor quality of life than people without cancer,

with the worst outcomes in those with recent, advanced, or metastatic disease⁵⁸. Among breast cancer survivors, advanced stage and chemotherapy predict poorer global physical and mental HRQoL years after treatment⁵⁹. Early onset colorectal cancer patients frequently report worse global QOL, sexual dysfunction, body image problems, and financial and family strain than older patients, reflecting the heavy burden of disease and treatment in working-age adults⁶⁰.

Psychological and emotional effects

Advanced disease and poor prognosis increase psychological distress, anxiety, depression, and fear of recurrence. Population based and longitudinal studies link advanced stage, low social support, and low socioeconomic status to higher distress and poorer HRQoL in colorectal and other cancers^{52,58}. Depression and anxiety are not only consequences but also predictors of worse outcomes: meta analyses show depression after cancer diagnosis increases cancer specific and all-cause mortality by 23–83% across major cancer types, including breast, colorectal, lung, and prostate cancers. In breast cancer, depression and anxiety are associated with higher risks of recurrence and mortality⁶¹. Among head and neck cancer patients, depression and distress are related to lower survival and poorer treatment outcomes⁶².

Shift to Palliative Care

When diagnosis is significantly delayed, cancers may progress beyond curative stages, leading clinicians to prioritize palliative care focused on symptom relief rather than cure. Studies indicate that longer delays correlate with advanced disease stages at presentation and poorer survival outcomes⁵³. In such cases, aggressive curative treatments may no longer be feasible or beneficial. This shift reflects a clinical reality where late-stage cancers require management aimed at maintaining quality of life rather than extending survival. Early detection is therefore essential to avoid this transition and preserve curative options⁵¹.

Increased mortality rate

In low- and middle-income countries, under diagnosis, delayed presentation, and treatment abandonment mean survival is 12%–26%⁶³. Advanced disease is harder to cure and more likely to recur, late presentation leads directly to higher cancer specific and mortality. A large pan tumor review showed that late stage diagnosis is associated with substantially higher mortality across head and neck, lung, bladder, melanoma, renal, and triple negative breast cancers, compared with early diagnosis⁵⁵. Study conducted in Ethiopian on breast cancer data identifies late stage diagnosis as the driving force behind the country's very high breast cancer mortality⁵⁶. In population based cohorts, more advanced stage at diagnosis is strongly related to worse long term survival and higher late mortality among survivors^{59,64}.

STRATEGIES TO IMPROVE EARLY PRESENTATION AND SURVIVAL IN CANCER NURSING CARE

To prevent the above listed impacts on all cancer patients, there different measures which should be put in place to ensure men and women are brought into the knowing of early preventions. Strategies to ensure people present early discovered from the studies are:

Public Awareness and Education Campaigns of Cancer Risk Factors

Nurses can lead culturally appropriate education programs that increase public awareness of cancer risk factors, early warning signs, and the benefits of prompt medical evaluation. There should be public awareness, enlightenment and educational campaigns where nurses can lead by educating community members on cancer warning signs, risk factors, and the benefits of early help seeking through talks, school programs, and social media, which increases knowledge and screening uptake⁶⁵. Large, theory based, multimodal campaigns (mass media plus face to face counselling and decision aids) have raised lung cancer awareness, increased chest X rays, and reduced advanced stage diagnoses⁶⁵. In LMICs, nurse led education in communities and primary care is a major role, targeting preventable cancers such as breast, cervical, colorectal, and oral cancers⁶⁶. Campaigns must be culturally sensitive and address stigma, fear, and myths, which are key drivers of late presentation in cervical and breast cancer⁶⁷. Training nursing students and staff in cancer education content improves their capacity to teach patients and model preventive behaviours⁶⁶. A study by Habibulah et. al.⁶⁸, emphasized that women can be reached through awareness campaign in the prevention of breast cancer and delay presentation.

Strengthening Screening and Diagnostic Services

Nurses play a pivotal role in organizing and delivering and delivering screening services for cancers. Government facilities should be equipped with necessary screening gadgets and oncology. Nurses should undergo training to perform and coordinate screening exercises like clinical breast exams, cervical tests, skin checks and risk assessment, particularly in the primary care and LMICs, where they are often the first contact⁶⁶. Patient navigation programs led by nurses or community health workers increase screening participation and shorten time from abnormal test to diagnosis, particularly in underserved groups⁶⁹. System level improvements organized screening programs, reminder systems, decision aids, and liquid biopsy innovations can further support earlier diagnosis when integrated into nursing workflows⁷⁰. Reducing geographic and referral delays by decentralizing diagnostic services and strengthening pathways is essential where access is limited⁷¹.

Reducing Financial and Economic Barriers

Cost of cancer care is highly expensive. Cancer "financial

toxicity" (treatment costs, travel, lost income) leads to delayed or forgone care, non-adherence, worse quality of life, and higher mortality⁷². Financial navigation, often delivered by social workers or nurse navigators, systematically screens for financial hardship, connects patients to insurance, charity care, transport, and employment protections, and can mitigate cost related non adherence to cancer treatment^{72,73}. Studies show oncology financial navigation is feasible and acceptable but under evaluated; scaling it, especially for rural and low income patients, is a key recommendation⁷⁴. Nurses also advocate for early, routine discussions about costs within goals of care, helping patients choose affordable regimens and avoid crisis decisions. Policy level actions universal coverage, expanded insurance benefits, and social income support are needed alongside bedside navigation to sustainably reduce financial barriers and inequities with cancer treatment⁷⁴.

Enhancing Healthcare Infrastructure and Workforce Capacity

An effective nursing workforce is central to cancer prevention, early detection, and continuity of care, especially in LMICs where treatment capacity is limited⁷⁵. Expanding oncology and primary care nursing numbers, and providing structured education in cancer prevention, screening, and navigation, increases reach and quality of services⁷⁶. Infrastructure priorities include functional screening equipment, pathology and imaging services, cancer registries, and electronic systems that allow nurses to track high risk patients and missed appointments⁶⁹. Culturally competent, bilingual navigators and community health workers embedded in health systems improve access for minorities, rural residents, and low literacy populations. Investment in telehealth and mobile health (mHealth) can extend specialist support and follow up to remote areas, with nurses coordinating virtual clinics and reminders⁷⁵.

Addressing Socio Cultural Barriers and Misconceptions

Ignorance, stigma, fatalism, and reliance on traditional healers contribute strongly to late presentation in cervical and breast cancer in Africa, Asia and Latin America⁷⁷. Women often misinterpret early symptoms, fear diagnosis, feel shame about gynaecological or breast exams, or must obtain family permission before seeking care⁷⁸. Educational intervention involves husbands, elders, and community leaders will challenge myths, normalize screening, and encourage prompt care seeking about cancer⁷⁸. Training nurses in communication skills and cultural competence helps them address sensitive topics respectfully and build trust, especially in primary care and community settings. Collaboration with religious leaders, traditional healers, and media can amplify accurate messages and reduce stigma at community level⁷⁹.

Promoting Multisectoral Policies and Preventive

Programs

Early presentation and survival are shaped by education, transport, employment, and social protection systems, so multisectoral policy action is essential⁶⁹. National strategies should prioritize cancer prevention (tobacco control, HPV vaccination, healthy lifestyles), organized screening programs, and universal health coverage, with nurses involved in policy design and implementation⁸⁰. Equity focused policies are crucial in sub Saharan Africa and other LMICs, where underfunding, workforce shortages, and urban-rural gaps drive late diagnosis and poor outcomes⁸¹. Nurses contribute through advocacy, data collection (registries), and leadership in community based programs that integrate cancer prevention into routine primary care. Partnerships between health ministries, NGOs, schools, workplaces, and media can sustain large scale awareness, vaccination, and screening initiatives aligned with WHO and national targets⁸².

Recommendation

Having gone through the review with different sections for proper understanding of the work, it is expedient to recommend that:

1. The vulnerable populations should be strengthened and empowered in order to improve their health seeking behaviors.
2. There should be different policy(ies) and program(s) which will support creating awareness starting from lower level of education, to different religious and organizations settings on routine and regular medical checkup.
3. Regular training of community members on early presentation in the hospitals if they see or feel strange symptoms in their bodies, this will help in prompt and early detection and diagnosis of any form of cancer.
4. Awareness campaigns and education about the disease, prevention, and early detection are needed to increase early diagnosis of all cancers.
5. The referral systems most especially in rural areas should be strengthened and immediate triage should be rendered.
6. The cost of cancer care is very expensive, the government should support the cancer patients in the course of their treatment, so as to lessen their burden because most of the victims are not buoyant to go through the cost of treatment without financial aid.
7. There should be integration of palliative care alongside oncology services in all health facilities.
8. There should be survivorship plan for those who had received their final treatments and the importance of follow up should be strengthened.

Strength

This study which is a narrative review had an extensive and integrative search because it involves different study designs and explore different types of cancer. Most of the articles are recent publications which shows that there are studies which are relevant to the work. In addition, the format for narrative reviews are not technical, this makes

it easier for researchers in all field to read and understand the article.

Limitation

This narrative review does not have a specific methodology; this makes it to be subjective to the researchers' choice of article selection. In addition, this review is limited by language, meanwhile other articles published in other languages can have the most useful result.

CONCLUSION

Late presentation in cancer care continues to be a major public health concern, especially in low- and middle-income nations, and it effects is on the increase leading to high mortality rates. The study delved into factors which prevents patients from seeking early medical care, effects of late presentation, its impacts and strategies to improve early presentation. It is concluded from the study that there should be financial aid to cancer patients most especially those at the advanced stage, creating awareness on cancer at all levels and organizations should be intensified and that policy to support cancer survivors should be established. If all our recommendations are looked into, we look forward to cancer free society.

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