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Knowledge and Awareness of Female Staff of the Lagos University Teaching Hospital on Breast Cancer Screening and Treatment

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Background: Early presentation of patients with breast cancer is enhanced by the use of population based screening mammograms. In the absence of this, opportunistic screening may be employed. We hypothesized that female staff of the LUTH are likely to have a high use of mammograms in order to screen them for malignant breast disorders and will have a positive disposition to opportunistic screening.

Materials and Methods: Questionnaire based study. Hospital staff were randomly approached to give information about knowledge on breast cancer screening methods and use of opportunistic screening.

There were a total of 179 respondents. Sixty Nine (38.5%) were less than 40 years while 83 (46.4%) were more than 40 years, while 27 (15%) did not indicate their age. The ages ranged from 20 to 62 yrs with a mean of 39.36 and mode of 40. Eighty (44.7%) were nurses, 69 (38.5%) were medical doctors while administrative and supportive staff were 17 (9.5%), while 13 (7.3%) did not indicate their occupation.

All of the respondents have heard of breast cancer before but only 147 (82.1%) had been involved in the care of patients with breast cancer before. Only 50 (27.9%) knew that early breast cancer could be asymptomatic, whereas 141 (78.8%) knew that breast cancer could present with a lump 50 (27.9%) felt it could present as an ulcer, 93 (52%) nipple discharge, 76 (42.5%) breast pain and 52 armpit swelling.

139 (77.7%) felt that breast cancer was curable and 67 (37.4%) felt that prayers could cure breast cancer, 100 (55.9%) surgery, 92 (51.4%) chemotherapy and 134 (74.9%) early detection and 77 (43%) radiotherapy 21 (11.7%) did not know any treatment method for breast cancer.

On the frequency of Breast Self Examination, 114 (63.7%) chose monthly, 40 (22.3%) said weekly while 18 (10.1%) said annually. While 127 (70.9%) said that mammography could be used to diagnose breast cancer, only 98 (54.7%) said it could be used to screen for breast cancer. Eighty (44.7%) of respondents felt that mammography is indicated after 40 years while 61 (34.1%) said after 30 years and 11 (6.1%) felt it was only indicated after 50 years. Only 11(6.1% of total and 13.2% of >40yrs) of respondents have had a mammogram done before.

On their reaction if a male doctor requested to examine their breast when the primary complaint was not in the breast, 70 (39.1%) were indifferent, 49 (27.4%) were embarrassed, 9 (5%) were angry while 41 (22.9%) would refuse the request.

Conclusion: There is high level of awareness about breast cancer by staff of the hospital. There is still some deficiency of knowledge about screening methods. The use of mammography by women is still low and most of the women will not agree to opportunistic screening if the physician were male.

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Breast Cancer Patients' Right: How It Can Be Respected in Iran?

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Background: The revolutionary concept in breast cancer diagnosis and treatment has significantly changed many aspects of cancer treatment in favor of patients' right. The best useful targeted treatment is offered to the patients with the least possible harm and invasion.

As the most common cancer in Iranian women, breast cancer incidence is 24 per 100 000 women or one forth of all new cancers (98/100 000). About 59–66% of cases are young patients less than 50.

The aim of this study is to compare the international rights for breast cancer patient with actual situation in Iran.

Material and Method: All published data about breast cancer in Iran are reviewed since 2001 to 2011 to see what is the actual care that the patients receive. Codification of new radiology, surgical and pathologic procedure and insurance coverage for them are searched through available national references. Then these data are compared with international references.

Results: Diagnosis is done by either excisional/incisional biopsy or frozen section. Trucut biopsy for pre-operative confirmation of cancer is done in a low minority of cases. Insurance system does not cover vacuum assisted biopsy.

Only mastectomy and axillary dissection are accepted by insurance system. No codification exists for conservative surgery, oncoplastic surgery and sentinel node biopsy. Breast reconstruction, conservative surgery as bilateral mammoduction, and symmetrization of contralateral breast are considered as cosmetic surgery and are not covered by any insurance system.

There are few centers for breast cancer treatment and the majority of cases are treated in general surgical wards.

The rate of conservative surgery, sentinel node biopsy and breast reconstruction is low.

There are very few breast nurses and few centers for rehabilitation, lymphedema treatment and psychological support of survivor.

Only few insurance systems cover Herceptin.

Conclusion: During recent decades there has been special attention in the ministry of health about full respectation of the patient's rights in medical practice. The new rights of breast cancer patients based on new treatment strategy is not highlighted in Iran. So it seems that valid evidence must be provided for policy makers about the rights of these vulnerable patients to consider their rights in Iranian health care delivery system.

Construction of specialized breast unit in large university hospitals actually involved in breast cancer management can improve significantly the quality of breast cancer care toward the patients' right.

Pre-operative confirmation of cancer by trucut biopsy seems to be the key point in this regard. This gives the patient the opportunity to know more about the disease and to search for the best therapeutic plan according to international guideline.

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Marital Status of Women Renders an Essential Influence On Occurrence of the Relapses of Disease and Life Expectancy of Women with Breast Cancer

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Background: The breast cancer (BC) is a chronic disease that may often have a relapse. Patients' survival rate depends on the frequency of relapses, which commonly is defined by the phase and the histology of tumor. Recent investigations show that psychosocial factors are also has a great influence on development of metastasis and the survival rate of the patient. In the focus of this investigation was marital status as a risk factor for survival rate of women with BC.

Materials and Methods: We analyzed data about 1612 women with BC diagnosed between 1997–2010 to look for trends in cancer survival among those who were married, never married, divorced, separated, widowed, member of unmarried couple. The Social Support Questionnaire was used to examine functional support in families.

Results: The findings show that overall 5-year cancer survival rates are the following: in married patients 50.5, separated patients: 54.2 widowed patients: 42.5%, divorced patients: 51.8%, never-married patients: 41.8%.The marital status of women renders an essential influence on occurrence of the relapses of disease and life expectancy of women with breast cancer. The most vulnerable group are never-married or widowed women in the age of 40–50 years. The maximal positive influence of family attitudes was established in the women who were married more than 20 years with one spouse, having adult children and steady communication between members of the family and generations. In 28% of cases the obvious and latent uncooperative attitudes in family caused development of relapses of disease and reduction of life expectancy.

Conclusions: Psychosocial supportive care in breast cancer should identify potential targets for intervention to reduce matrimonial risk factors. Spousal caregivers and family play the leading role in BC relapse prevention. If health care providers are going to meet all needs of BC patients, a more comprehensive assessment of family relationship related stress is needed. Careful counseling and good information on all aspects of the disease and psychosocial marital needs of could be an instrument for overall survival rates in women with breast cancer.

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The Effects of Internet Based Patient Education in the Field of Breast Cancer – a Systematic Literature Review

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Objective: The systematic review was carried out to describe Internet and interactive computer-based patient educational programs developed for the patient education of breast cancer patients and to analyze the effectiveness of those programs in the field of breast cancer patient education.