Knowledge, attitudes, beliefs, behaviour and breast cancer screening practice in Ghana

S. Opoku1, M. Benwell2.
1 Department of Radiography, School of Allied Health Sciences, College of Health Sciences, University of Ghana, Ghana; 2 Department of Radiography, School of Health and Social Care, London South Bank University, UK

Background: Ghanaian women have a low awareness and participation rates in breast cancer screening practices. As a result many patients are diagnosed with advanced disease resulting in poor outcome.

Purpose of the study: The purpose of the study was to explore various factors needed to develop socio-economic and cultural specific models to improve breast cancer care in Ghana.

Methodology: The study which was conducted in Accra and Sunyani involving 474 women, physicians and traditional healers employed both quantitative and qualitative methods. Statistical tests were done on the quantitative data whilst the qualitative data was analysed by constant comparison method.

Findings: Overall, the respondents' knowledge on breast cancer was found to very low, however, higher education levels indicated superior knowledge and a more positive attitude towards breast screening ($\chi^2 = 3138, \text{N} = 474, p < 0.001$). Respondents in Sunyani performed slightly better in breast self examination than their counterparts from Accra ($\chi^2 = 8.890, df = 1, p < 0.003$). However no significant difference was noted in clinical breast examination and mammogram rates. The attitude towards the disease range from fear; denial; guilt and spiritual attributes of the disease and linked treatment of the disease with death as many patients die shortly after treatment because of the advanced stage of the disease at treatment. They displayed a high level of reliance on God for protection from the disease, as well as on divine intervention and healing.

Conclusion: The low level of breast cancer awareness among the respondents indicates that the public educational campaigns, intended to educate women in Ghana on breast cancer, are inadequate and ineffective. The initial suggestion that cancer fatalism was a common phenomenon in Ghana was supported by the findings of the study. The study came to the realization that routine mammography screening will be very difficult to implement in Ghana at the moment due to lack of capacity and other socio-economic factors. The study therefore proposes a model based on current socio-cultural and economic development in the country. The first approach to the model is to increase awareness and encourage the women to undertake BSE and report any suspicious findings for clinical evaluation. The second is to encourage wide spread adoption of CBE. Traditional healers can also be educated to recognize breast cancer and be encouraged to refer suspicious lesions. The few mammogram centres can then be used for diagnostic purposes and screening for high risk or symptomatic women. Provision of treatment facilities and development of an efficient early referral system are stressed.

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Individualized breast cancer follow-up; cost-effectiveness of various scenarios

1 University of Twente, Centre for Healthcare and Operations Improvement & Research, Enschede, The Netherlands; 2 Comprehensive Cancer Centre North East, Department of Research, Enschede, The Netherlands; 3 University of Twente, Health Technology and Services Research, Enschede, The Netherlands; 4 Medical Spectrum Twente Enschede, Department of Surgery, Enschede, The Netherlands

Background: More than 12,000 women are diagnosed with breast cancer annually in the Netherlands. Prognosis after primary treatment is improving. This leads to an increased number of follow-up visits and thus increasing workload to specialists. Although the treatment for breast cancer patients is individualized, national guidelines currently assign all these patients to one and the same follow-up programme: a schedule for 5 years, 4 visits in the first year, 2 visits in the second year and an annual visit in the last three years. The present study was undertaken to determine an individualized follow-up programme in order to give women the follow-up they need and to reduce workload.

Methods: Breast cancer patients were classified according to different risk groups for recurrence based on age, tumour size and lymph node status. We chose follow-up programmes with different frequency (once, twice, three, five years). To determine the most appropriate follow-up programme for each patient group we calculated the cost-effectiveness of current versus individualized treatment in a Markov model, where the risk of a recurrence, second primary tumour, metastases and mortality were included.
Results: Patients older than 70 years and patients with favourable tumour characteristics are served best with a minimal follow-up of one visit during chemotherapy. Older patients younger than 40 years and patients with unfavourable tumour characteristics (>3 positive lymph nodes, tumour size >2.0 cm) can benefit from a more intensive follow-up of twice a year for five years.

Conclusions: There is uncertainty about how to organize cost-effective routine follow-up. This study underlines the possibility and potential for individualized follow-up in breast cancer patients. With these results we can provide schematic guidelines for specialists to select an appropriate follow-up scheme for various patient groups.

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Malignant giant breast masses in adolescent females: spectrum in a specialist unit of a developing country university hospital

A. Mishra1, D. Singh1, R. Kant1, 2 C.S.M. Medical University, Department of Surgery, Lucknow, India

Background: Outcome of management of giant breast masses in adolescent females.

Material and Method: We retrospectively reviewed the medical records of 49 patients with giant masses of 451 patients with breast symptoms less than 30 years who had undergone surgery seen during 2006 to 2008.

Results: The mean age was 19.5 years. The mean tumor size was 73 mm (45–250). A lump in the breast was the commonest presentation. Eight patients were referred with clinical diagnosis of cancer. Three had diffuse nodularity and multiple sinuses with concomitant axillary lymph nodes. 12 patients had recurrent cystosarcoma phylloides (CP). 45 had unilateral single breast mass while 4 had bilateral mass. After investigations there were giant fibroadenoma (9), b/l multiple fibroadenoma (2), tuberculous mastitis (2) with 6 clinically mimicking cancer, CP (17), cancer lipoma (1), hypertrophy (2). Diagnosis of tuberculous mastritis was obtained via FNAC (8 cases), core biopsy (4 cases) and none required excision. All malignant CP received adjuvant radiation. During a mean follow up of 9 months no recurrence was noted. Breast Cancer were treated according to department protocol.

Conclusion: Majority of breast mass in adolescent females are benign. We recommend simple mastectomy for recurrent malignant CP and wide excision for benign CP. Breast tuberculosis is not uncommon often mistaken for carcinoma, especially if well-defined clinical features are absent. A high index of suspicion is required because the disease can usually be treated conservatively with current antituberculous modalities.

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Patterns of care and safety profiles of adjuvant docetaxel-based chemotherapy regimens in a large breast cancer registry study in Asia Pacific

T.K. Yau1, A. Sayeed2, Z.Z. Shen3, S.B. Kim4, M. Ali Shah5, A.H. Villalon6, M.F. Hou7, T.V. Thuam8, Z.M. Shao9, J.H. Kim10, 1 Pamela Youde Nethersole Eastern Hospital, Clinical Oncology, Hong Kong, China; 2 Holy Family Redwood College Hospital, Department of Surgery, Dhaka, Bangladesh; 3 Cancer Hospital Fudan University, Department of Breast Surgery, Shanghai, China; 4 Asian Medical Centre, Department of Internal Medicine, Seoul, Korea; 5 Shaikat Khanam Memorial Hospital and Research Centre, Lahore, Pakistan; 6 Manila Doctors Hospital, Department of Medicine, Manila, Philippines; 7 Kaohsiung Medical University Chung-Ho Memorial Hospital, Department of Surgery, Kaohsiung, Korea; 8 National Cancer Hospital, Department of Internal Medicine, Hanoi, Vietnam; 9 Seoul National University Bundang Hospital, Seoul, Korea

Background: This observational, registry-based study is designed to assess patient profiles, patterns of care, and the tolerability of docetaxel-based adjuvant chemotherapy for early breast cancer patients in Asia Pacific.

Materials and Methods: Patients with newly diagnosed operable breast cancer were enrolled in Taiwan, Korea, China, Hong Kong, Vietnam, Philippines, Singapore, Pakistan, Bangladesh, and India. No experimental intervention was imposed except that patients had to have a high risk of recurrence and to receive docetaxel-based chemotherapy as adjuvant treatment. Assessments included demographics, disease stage and biologic characteristics, surgery and chemotherapy plans, and adverse events (AEs). Patients are being followed up to determine treatment efficacy. Data presented are from the second interim analysis performed 3 years after the start of the study.

Results: The median age of participants (N = 1,537) was 47 years (range: 23–83); 57.8% had AJCC Stage I/IIA/IIB disease. Immunos histochemistry showed 62.0% were ER positive and 43.1% were HER2 positive. Total mastectomy was the most common surgical intervention (72.6% of patients). Sequential docetaxel therapy (mean 7.4 cycles) was used in 56.5% of patients, with AC → T and FEC → T being the most commonly used regimens (in 30.5% and 17.7% of patients, respectively) [docetaxel (T); doxorubicin (A); cyclophosphamide (C); 5-fluorouracil (F); epirubicin (E)]. Combination therapy was used in 38.9% of patients overall (mean 5.6 cycles), with TEC and TAC the most common regimens (12.2% and 10.2% of patients, respectively). Growth factor support was used in 16.9% of sequential therapy patients (mean 4.3 cycles) and 16.9% of combination therapy patients (mean 3.4 cycles). The most common haematological AEs were neutropenia and anaemia (in 55.7% and 48.8% of sequential therapy patients and 73.4% and 39.2% of combination therapy patients, respectively). 40.6% overall had Grade 3/4 neutropenia. Febrile neutropenia was reported by 11.8% on sequential therapy and 23.3% on combination therapy. The most common non-haematological AEs with sequential treatment were nausea (83.6%), alopecia (73.8%), myalgia (63.1%), stomatitis (60.5%) and vomiting (60.0%).

Conclusions: Sequential regimens are the most commonly used docetaxel-based adjuvant chemotherapy for Asian early breast cancer patients having a high risk of recurrence. Data from this study will enable comparisons of patient profiles, disease characteristics, and efficacy and tolerability of different docetaxel-containing regimens to be made between Asian and western women.

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Changes of breast cancer incidence and trend among Japanese young women for the period 1972–2007

Y. Koibuchi1, J. Horiguchi1, M. Kikuchi1, R. Nagaoka1, N. Rokutanda1, A. Sato1, H. Odawara1, H. Tokinawa1, I. Takeyoshi1, Y. lino2, 1 Gunma University Faculty of Medicine, Department of thoracic and visceral organ surgery, Maebashi Gunma, Japan; 2 Gunma University Faculty of Medicine, Department of emergency, Maebashi Gunma, Japan

Background: Many young breast cancer patients hope childbirth after treatments, however childbirth is harmfully influenced by chemo-endocrine therapies of breast cancer. The age of marriage and first childbirth has been older in Japan. The aim of this study was to investigate the changes of breast cancer incidence and trend among 35 and younger women in Japan and also investigate the rate of undelivered and unmarried women.

Materials and Methods: We analyzed trends in breast cancer incidence at Gunma University hospital, Gunma Prefecture, Japan, for the period 1973–2007. To distinguish the trends of breast cancer patients, we picked the central 5 years of the decades.

Results: Total number of breast cancer patients was 258 between 1973–77, 413 between 1983–87, 390 between 1993–97, and 621 between 2003–2007, respectively. The number and rate of age 35 years and under breast cancer patients was 25 (9.7%) between 1973–77, 33 (8.0%) between 1983–87, 30 (7.7%) 1993–97, and 36 (5.8%) 2003–2007, respectively. Among those young patients, the rate of unmarried women was 12%, 33%, 37% and 33%; the rate of undelivered women was 12%, 36%, 50% and 47%, respectively. The rate of patients who hope childbirth was 72% for the period 2003–2007. The rate of Tis or Stage? breast cancer patients was 16%, 30%, 50% and 44%. The rate of breast conserving therapy underwent patients was 43% for the period 1993–1997 and 66% for the period 2003–2007.

Conclusions: The incidence in age 35 years and under young breast cancer patients was decreased over the 40-year period. The rate of unmarried and undelivered patients was increased and most of them hope childbirth.

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Is ‘Two-week rule for all breast referrals’ in UK justified?

M.A. Parvaiz1, S. Jaleel1, S. Eltayef1, V. Dewan1, N. Abbott1, C. Jones1, B. Isqar1, 1 New Cross Hospital, General/Breast Surgery, Wolverhampton, United Kingdom

Background: In December 2009 a UK government target will demand all new breast referrals are seen within two weeks as fast-track or tertiary referrals. This was significantly more (p < 0.05) than the number of cancers diagnosed in non-urgent group (10 patients). Cancer ratio in fast-track & tertiary groups together was 1 in 7.6 whereas in non-urgent group it was 1 in 97.7.

Results: 1792 patients were seen, 117 (6.5%) breast cancers were diagnosed. 91.5% of all cancer diagnoses (107 out of 117) were seen within two weeks as fast-track or tertiary referrals. This was significantly more (p < 0.05) than the number of cancers diagnosed in non-urgent group (10 patients). Cancer ratio in fast-track & tertiary groups together was 1 in 7.6 whereas in non-urgent group it was 1 in 97.7.