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Screen detected symptoms of breast cancer and its relation with program performance indicators in Finland

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A key component of breast cancer screening program is the collection of data on symptoms at the time of screening visit. In many cases, however, the data are not subsequently analyzed for relationships between symptoms and screening program performance. It is a unique study that analyzes the role of symptoms and its relation with screening program performance in a longitudinal outlook. The screening dataset consists of the total number of visits (4.5 million screening visits) made by screening age women since the start of the program and followed for more than 20 years (until 2012). Key symptom variables- lump, retraction, secretion were analyzed for their role with program performance indicators- cancer detection rate, attendance rate, recall rate, etc. in a longitudinal outlook. Various innovative methodological approach are used to better fit the screening data of a repeated (women invited every two years) mammography screening program. Marginal and conditional probability models were developed to calculate the cumulative probability of any or first false positives and cancer detection in those who reported symptoms compared to those with no symptoms. The results show a promising role that symptoms can contribute to a population-based screening program in addition to mammography screening. The implication of the results can be more favorable in a setting, with no repeated screening program at a population level, where clinical breast examination (CBE) is feasible provided that adequate diagnostic services are available.

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Reproductive health issues among adolescents and young adults with cancer: The neglected side effect

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Rates of survivorship among adolescents and young adults [AYA] (ages 15-39) diagnosed with cancer continue to rise. Cancer treatments are often associated with impaired fertility and sexual dysfunction and AYA survivors often experience poor body image, sterility, and improper use of contraception. Specifically, sustained infertility exists in 50-95% of adult cancer survivors. The American Society for Clinical Oncology and the American Academy of Pediatrics recommend oncologists discuss potential loss of fertility and other reproductive health issues with patients prior to treatment and refer interested patients to a reproductive endocrinologist or fertility specialist to consider preservation and contraception options, prior to treatment. AYA concerns about potential reproductive health and infertility may not be addressed by health care providers for a variety of reasons: health care providers do not see fertility as a priority; do not having adequate knowledge and referral sources available; feel uncomfortable discussing sexuality and contraception; do not feel AYA are sexually active; feel reproductive health is not appropriate to discuss with patients with a poor prognosis; are unaware of or do not support assistive reproductive technology, third-party reproduction or posthumous reproduction. This session will address the reproductive health issues of AYA, provide guidance and resources on how to communicate about important issues, and highlight the role of addressing these "side effects" as a form of palliative care.

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