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Evaluating the accuracy of the "breast light" as a screening tool for breast cancer in Iraq

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Breast cancer is the most common malignancy among the Iraqi population and it is the leading cause of death among women. The poor survival reflects the limited public awareness and the weak early detection strategies. The Breast light has been designed as a domestic breast checker that aids in breast cancer awareness. A randomly selected sample of 150 female patients, who visited the Main Training and Research Centre for early detection of breast cancer in Baghdad, was examined with the Breast light device. The findings were compared with the results of clinical breast examination, mammography, ultrasound, and fine needle aspiration cytology (FNAC) as the gold standard for sensitivity and specificity. Breast cancer was detected in 36 patients (24%); all of the cases were confirmed histologically. Among those, the Breast light demonstrated positive findings in 80.56% (29/137 cases), i.e., signifying True Positive results by the device. On the other hand, in 19.44% (7/36 cases), the device failed to reveal any positive finding (False Negative). FNAC revealed benign pathology in 73.72% (101/137 cases) of the study sample. Of those, negative findings were recorded using the device in 53.47%, (54/101 cases - True Negative), while in the remaining 46.53% (47/101), the device yielded positive findings (False Positive). The most common pathological causes for false positive results were inflammatory associated conditions. In conclusion, although the accuracy of the Breast Light in detecting palpable malignant breast lumps was significant, nevertheless, the observed high false positive detection rate and the significantly low specificity of the device in excluding malignancy preclude its use as a screening tool for breast cancer.

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Increasing the risk. Unused opioids in your patient's medicine cabinet

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Most victims of drug overdoses are non-patients, with 75% of overdoses attributed to opioids prescribed to someone else. Numerous interventions foster safe prescribing and close monitoring of risks and benefits. Percentage of "left over" opioids is not known. Non-adherence in the USA causes 30%-50% of treatment failures and 125,000 deaths annually. In case of opioids, non-compliance may lead to accumulation of potentially dangerous medications and causes 15,000 deaths annually, majority among non-patients. The aim of this exploratory study was to estimate the amount of unused opioids prescribed for cancer pain at a cancer center. At each clinical encounter in one palliative medicine clinic over a 3 month period, we documented consecutive patients' self-reports of analgesia and number of tablets taken. The amount dispensed was obtained from the State's Prescription Monitoring Program and was compared to the patients' report of use. Among patients reporting adequate analgesia, 61% reported NOT using all of their short-acting opioids. Among patients reporting suboptimal analgesia, 57% reported NOT using the entirety of that month's dispensed opioids. The number of unused tablets left per month ranged from 90 to 333 tablets of short-acting opioids. Fear of side effects (i.e. somnolence, constipation) was cited as the main reason for underuse. These preliminary data highlight the importance of reconciling the number of opioids taken by cancer patients with the amount prescribed and adjust the next prescription accordingly. This is a simple way a nurse may decrease risk of opioid abuse and minimize diversion.

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