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Evolution of a comprehensive, multidisciplinary screening program to identify patients at high risk for breast cancer: A revised pilot study

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Introduction: Screening for patients at high risk for breast cancer has become a major part of any breast health program. Unfortunately, patient compliance is generally low and involvement of physicians and potential patients is difficult to obtain.

Methods: In April, 2016, a comprehensive, multi-disciplinary high risk screening program was instituted at a large community health system. Over the first three months, over 4000 screening mammograms were done and 432 patients identified as eligible for high risk screening. Of these, 114 were eligible for genetic counseling and testing. Unfortunately, a very high percentage of patients either refused or did not show for appointments. In July, 2016, therefore, a revamping of the program was undertaken with the goal of improving those numbers. A widespread educational effort was instituted, and a Breast Navigator was utilized more directly in the process.

Results: A second 3-month pilot study (PS-B) was begun in August, 2016, and the results compared to the 3-month pilot prior to re-organization (PS-A). Total screening mammograms performed, percentage of patients eligible for high risk screening, and percentage of those eligible for genetic testing/counseling were not significantly different between PS-A and PS-B. Significantly fewer patients refused counseling in PS-B, however-20.7% vs. 35% in PS-A. There were also significantly fewer no-shows: 3.3% in PS-B vs. 16.2% in PS-A.

Conclusions: Success in a high-risk screening program is dependent upon both patient information, patient and physician acceptance, and continuous and effective communication. This is a dynamic process that requires dedicated resources and personnel to be effective.

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Clinical features of patients with breast cancer related lymphedema and effects on hand muscle strength

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Objectives: To investigate the clinical characteristics of lymphedema patients with breast cancer and assess the effect of lymphedema on hand muscle strength

Methods: We retrospectively reviewed the medical records of 18 patients who first visited to our department and were diagnosed with lymphedema January 2016 to February 2017 at outpatient clinic. The demographic data, beck depression inventory (BDI), montreal cognitive assessment (MOCA), BMI (body mass index) swelling and handgrip strength were recorded. The arm circumference measurements were taken of wrist, 5 centimeter below the elbow, and 10 centimeter above the elbow joint. Jamar dynamometer was used to determine hand grip strength.

Results: Among the 18 patients, the mean age was 55.0±12.1. The mean BDI score was 19.7±5.5. In addition, average MOCA score was 23.3±5.6 and BMI score was 23.7±1.9. Circumference of lymphedema side was higher than other side at all levels. The hand grip strength of lymphedema side was lower than the other side strength (p=0.015) and significantly lower than normal group (p=0.029, Table 1). A positive correlation was noted between hand grip strength difference and circumference difference (P<0.05, Table 2).

Conclusions: The degree of edema is related to the strength of the hand with breast cancer related lymphedema patients. Also, mild depressive pattern and overweight may appear in patients with lymphedema. These findings will help us to understand breast cancer rehabilitation and more comprehensive research is needed in the future.

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