7ᵗʰ Global Summit on
Cancer Therapy

October 05-07, 2015   Dubai, UAE

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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The cultural context of Arab women's experience of obtaining breast cancer screenings and coping with breast cancer in Israel

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The incidence of breast cancer is considerably lower among Arab women than among both Jewish Israeli women and women in Western countries. Still, the incidence has risen significantly in recent years. Survival rates from breast cancer are also notably lower among Arab women (63%, compared with 71% among Jewish women); this is attributed to diagnosis of the illness at a later stage. Factors found to lower the use of screenings by Arab women include lower socio-economic status and barriers of accessibility and language. Arab women in Israel have, however, experienced major modernization processes in recent years. As a result, these women express a combination of traditional beliefs and modern biomedical knowledge concerning risk and preventive factors related to cancer. This introduces greater complexity into the understanding of perceptions and beliefs regarding health and illness and their effect on early detection screening. Overall, Arab women report higher fatalistic perceptions, more traditional beliefs and higher social, environmental and personal barriers to screening. Fears of stigma related to breast or gynecological examinations, worries about the spouse's reaction once a lump is detected and worries regarding the violation of religious and cultural requirements of modesty are often also expressed. However, study findings stress a duality in participants' cancer coping experience according to the traditional cultural norms of concealment while simultaneously encountering more open western attitudes through interactions with healthcare. Healthcare professionals should be aware of the unique implications of cancer in the context of the traditional Arab culture intertwined with modernization processes.

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J Cancer Sci Ther
ISSN: 1948-5956 JCST, an open access journal

Cancer Middle East 2015
October 05-07, 2015

Volume 7, Issue 8

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