

Can we identify disparities that may impact breast cancer screenings, detection and diagnosis in women 60 and older?

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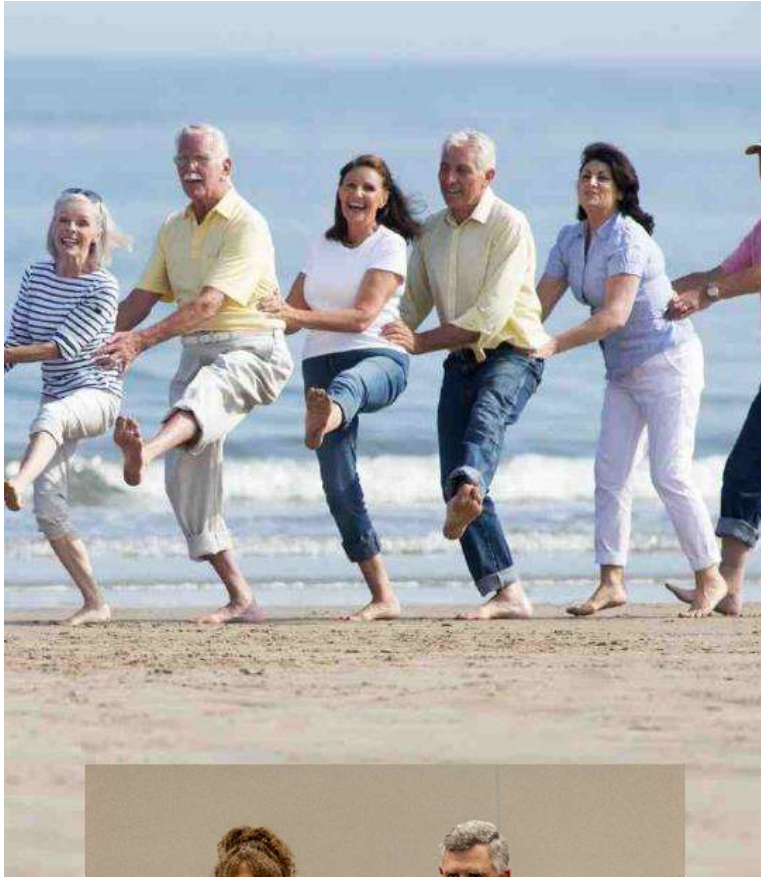


Disclosure

- Nothing to Disclose



Background



- The US Population is experiencing a shift in the age structure. The projected number of individuals who will be 65 or older in 2050 is projected to be 88.5 million, doubling the projection of 40.2 million from 2010.
- 1 in 5 residents in the US will be 65 or older in 2030 when all boomers will have moved into the older age demographic.
- By 2034 all boomers will be over 70.



Vincent ,G., & Velkoff, V. (2010)

Problem

There is a lack of EBP surrounding individualized risk assessment, recommendations for breast cancer screenings and performing Clinical Breast Exams in women aged 60 and over.



Screening guidelines both internationally and nationally lack consensus- NCCN, ACS, ACR, ASBS and ACOG.



The highest risk factor for breast cancer is age and the average age for a breast cancer diagnosis is 62-63.



Barriers for women aged 60 and over may include: uninsured, decreased health literacy, medical comorbidities, and functional deficits.

Objectives



INCREASE AWARENESS SURROUNDING THE NEED FOR INDIVIDUALIZED EVIDENCED BASED CANCER RISK ASSESSMENTS IMPACTING AGE-APPROPRIATE SCREENINGS FOR WOMEN 60 AND OLDER.

INCREASE AWARENESS FOR THE POSSIBLE IMPACT SOCIAL DETERMINANTS OF HEALTH MAY HAVE ON BREAST CANCER SCREENING, DIAGNOSIS, STAGE, AND TREATMENT.

DISSEMINATION OF EDUCATION TO REFERRING PROVIDERS SURROUNDING IDENTIFYING INDIVIDUALS WITH HIGHER PERSONAL RISK FOR BREAST CANCER AND SHARED DECISION MAKING FOR AGE/RISK APPROPRIATE SCREENINGS.

EDUCATION TO BOTH PROVIDERS AND THEIR PATIENTS REGARDING THE IMPORTANCE OF AN ANNUAL CLINICAL BREAST EXAM.

DEVELOPMENT OF SHARED DECISION-MAKING TOOLS FOR PROVIDERS AND PATIENTS PROMOTING INDIVIDUALIZED RISK ASSESSMENT FOR BREAST CANCER SCREENINGS

Methods

IRB Submission for exempt expedited study approval submitted May 2023

IRB Approval received May 17, 2023

Chart Audit for patients aged 60 and over diagnosed with breast cancer in 2023.

Retrieval Cancer Registry data patients diagnosed with breast cancer 2022, reviewed screening behaviors for 2020- 2022.

Stage 0-4 and 60 years of age and older.

- 2022 there was a total of 374 patients diagnosed with breast cancer within our health system
- 244 patients aged 60 and over who meet criteria for chart review Stage 0-4

Results

Screenings were measured at 46% in 2021 and increased to 57% for this group of women in 2022. Women were less likely to be screened in 2020 than in 2021 and 2022.

Screening compliance remains low despite 74% of patients reporting regular follow up with their primary care provider. Women of color were less likely than non-Hispanic White women to consistently screen all three years.

There were 244 females ages 60-90 of women diagnosed and or treated for breast cancer in our study, this reflects 65 % of the patients treated for breast cancer in 2022.

21% of patients diagnosed with Stage 0 Cancers and were found to have higher rates for screening all three years.

50% of the sample were found to have Stage IA disease

Women of color were more likely to have been diagnosed with Stage IIA or higher stage breast cancer

Breast Density was found to be elevated with a score of C/D for 34% of the women diagnosed with breast cancer in 2022.

For **elevated cancer risk scores** 14% had elevated lifetime cancer risk scores, and additionally 27% of women had elevated HBOC Scores

Comorbidities included 32% with diabetes, 67% with hypertension and 43% of individuals with cardiovascular disease.

Health literacy variables included vision with 51% of the sample found to have visual impairments. Hearing impairments were reported for 21% of the sample and cognitive deficits impacted 9% of the women diagnosed with breast cancer.

Conclusions/Recommendations

- Educating both patients and providers to better understand the benefits of **evidenced based screening recommendations** utilizing cancer risk assessment and shared decision making for age-appropriate screenings is essential for addressing social determinants of health and disparities in individuals 60 and older.
- Shared Decision Making** involves both patients and members of a multidisciplinary team of healthcare providers.
- Dissemination of a **Shared Decision-Making Tool** for both patients and providers to guide EBP Screening Recommendations.
- Individual members of the patient's care team have a role in helping to build and foster relationships working toward instilling trust between patients and providers that may impact screenings.



Provider Breast Imaging Shared Decision-making Tool

Shared decision-making offers a structured way to incorporate evidence as well as patient values and preferences into medical decision-making. It ensures patients are informed and involved in preventive care decisions and that these decisions are patient-centered.

The following tool can be used in coordination with the breast cancer screening conversation you have with your patient.

Screening Orders

When to order a screening mammogram:

- Asymptomatic breasts
- No pain, mass, lumps, firmness, redness, rash or nipple change/discharge
- An order is not required for a screening mammogram
- Patient must have healthcare provider to receive screening report.

When to order diagnostic mammogram and/or ultrasound:

- Palpable breast mass
- Palpable axillary mass
- Breast firmness, redness, warmth, rash, itching or ulceration
- Nipple discharge (bloody and non-bloody)
- Breast pain

Note: A diagnostic mammogram requires an order from a provider.

Risk Assessment

Guidelines for breast / Conclusions/Recommendations:

- Risk assessment at 2 conclusions/recommendations
- Clinical breast exam every 1-3 years

Guidelines for breast cancer screening females age 40 with average risk:

- Annual clinical breast exam
- Annual screening mammogram
- Breast awareness monthly

When to screen earlier than age 40:

- Increased lifetime risk
- Cancer risk assessment score 20% or greater
- Age 25, annual breast MRI
- Age 30, begin annual screening mammogram
- Clinical breast exam every 6-12 months

Referral discussion for genetic testing:

- Screening MRI recommendations:
- High risk patients:
 - Full MRI
 - Partial MRI
- Full MRI Category 6 Cancer treatment planning

Supplemental MRI Screening:

- Increased lifetime cancer risk score 20% or greater
- Increased breast density Category C/D
- Prior thoracic radiation ages 10-30
- Pathogenic genetic mutation
- Increased family history

History High Risk Breast Pathology:

Radiation therapy risk-reducing medications include:

- Tamoxifen
- Aromatase
- Raloxifene
- Fulvestrant

Patient Discussion

Risk reduction strategies:

Discuss healthy lifestyle behaviors with the patient:

- Diet
- Limit alcohol
- Avoid tobacco products
- Weight/BMI
- Exercise/physical activity
- Limiting hormones
- Encourage breastfeeding if appropriate

Important Information

How to Interpret Breast Imaging Reporting and Data Systems (BI-RADS):

BI-RADS 1 – Negative study
 BI-RADS 2 – Benign study
 BI-RADS 3 – Probably benign, follow up in six months with diagnostic study
 BI-RADS 4 – Core needle biopsy recommended
 BI-RADS 5 – Finding is highly suspicious for malignancy
 BI-RADS 6 – Known malignancy

Four categories of Breast Density:

Category A – mostly fatty
 Category B – scattered areas of dense glandular tissue
 Category C – heterogeneously dense
 Category D – Extremely dense

*Breast tissue obscures risk

Making the best decision for your personal health

The first step in making a decision about early detection mammography screening is to know your individual risk for developing breast cancer. Your provider can help you identify your personal risk factors for breast cancer by reviewing the following:

- Family history for breast, ovarian, endometrial, uterine, prostate, colon, pancreatic and thyroid cancer
- Personal history for cancer
- Elevated breast density score C/D or D
- Personal or family genetic mutation
- Previous breast biopsy with atypia

Starting the conversation

Based on your individual risk, your healthcare provider will be able to determine what preventive cancer screening is best for you, the frequency of screening and if you might benefit from genetic testing.

Discuss with your healthcare provider:

- Your personal values and preferences
- Possible factors that may influence your decision making:
 - Financial
 - Time away from work
 - Transportation
 - Child care
 - Cost
- Are there additional screenings that I should get based on my risk?



Breast Program

What breast cancer screening is right for you?



This information can help you decide if early detection screening for breast cancer is the best choice for your health. After reviewing the potential benefits and harms of breast cancer screening, talk to your provider to make a shared decision about which option is the best fit for your preferences.

For more information, visit summahealth.org/breast



