



Can We Identify Disparities that May Impact Breast Cancer Screenings, Detection and Diagnosis in Women 60 and Older?

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Background

The burden on health care system as a whole may have a direct relationship with advancing age as health literacy and functional status may decrease, and health disparities may become apparent. All these factors impact increased health care costs, hospitalizations and medical problems, and are critical concerns to assess with individuals 60 and older.

There is a lack of evidenced based practice and health disparities surrounding individualized risk assessment, recommendations for breast cancer screenings and performing clinical breast exams in women aged 60 and over.

The highest risk factor for breast cancer is age with the average age for a breast cancer diagnosis as 62-63. Breast disease and breast cancer screening guidelines lack consensus among organizations both nationally and internationally.

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.

Methods

- An evidenced based literature search was conducted for study development in December 2022 and IRB Submission for exempt expedited study approval was received in May of 2023.
- There were 374 breast cancers stages 0-4, diagnosed in 2022. A retrospective chart audit was conducted for 244 eligible patients age 60 and older. See Figures 1-4.
- Variables extracted included: age, race/ethnicity, language, marital status, insurance, mammogram history, prior clinical breast exam, breast density, palpable mass, cancer risk score, stage of cancer, BMI, tobacco, and medical comorbidities.

Results

Figure 1: Screening by year.

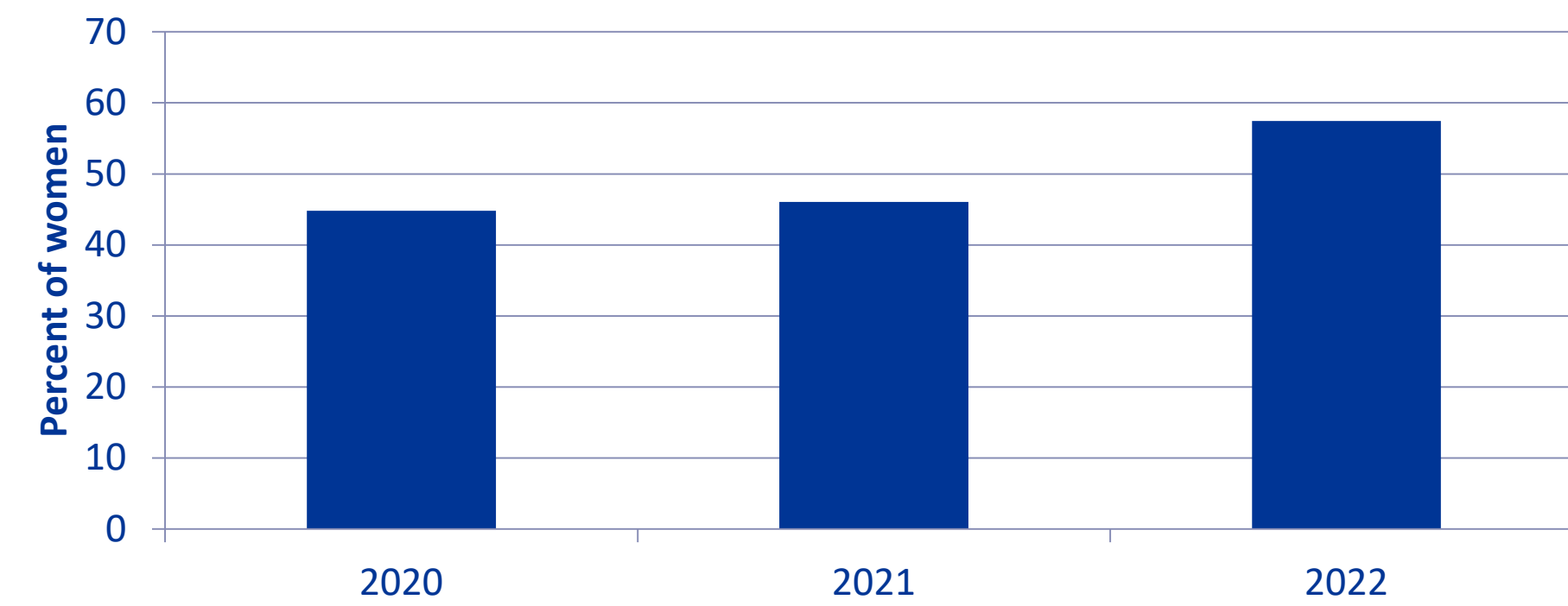


Figure 2: Stage of Cancer by Consistent Screening.

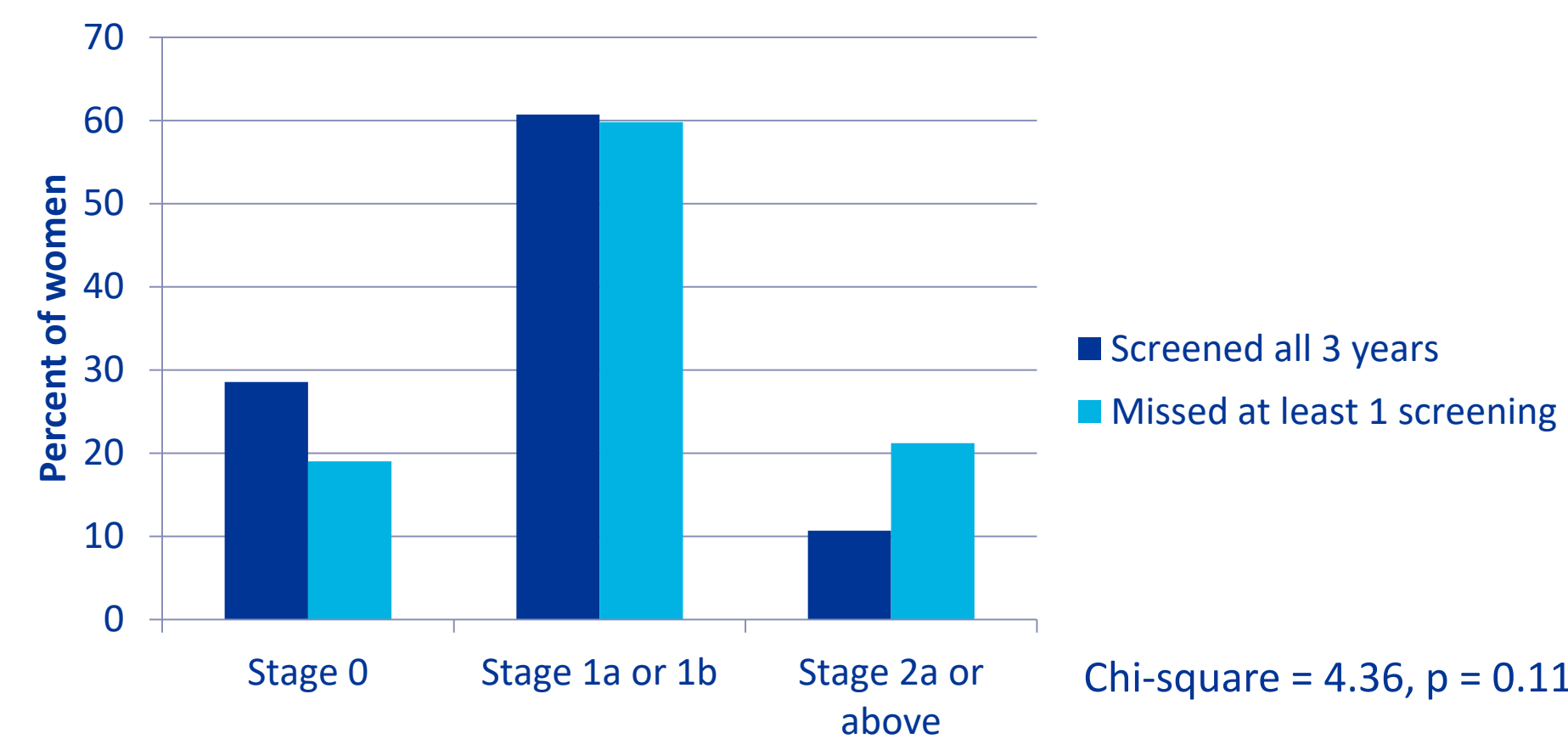
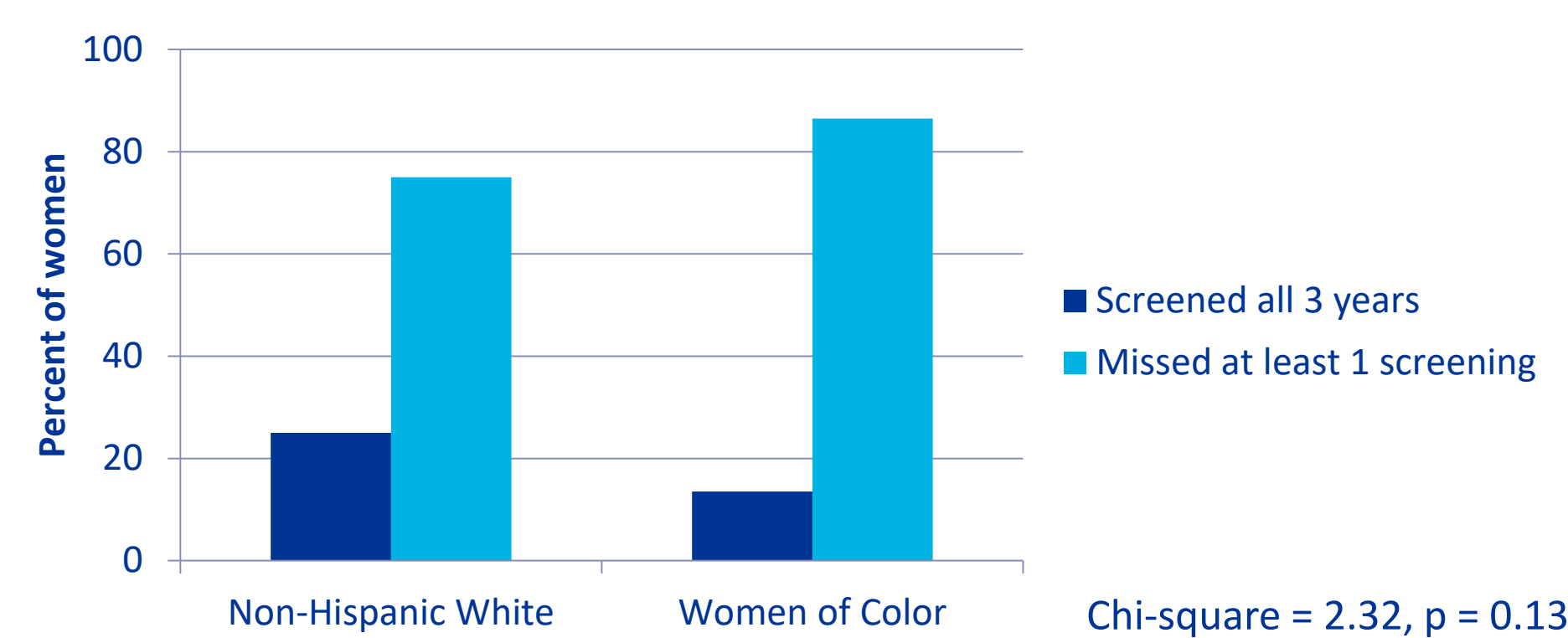
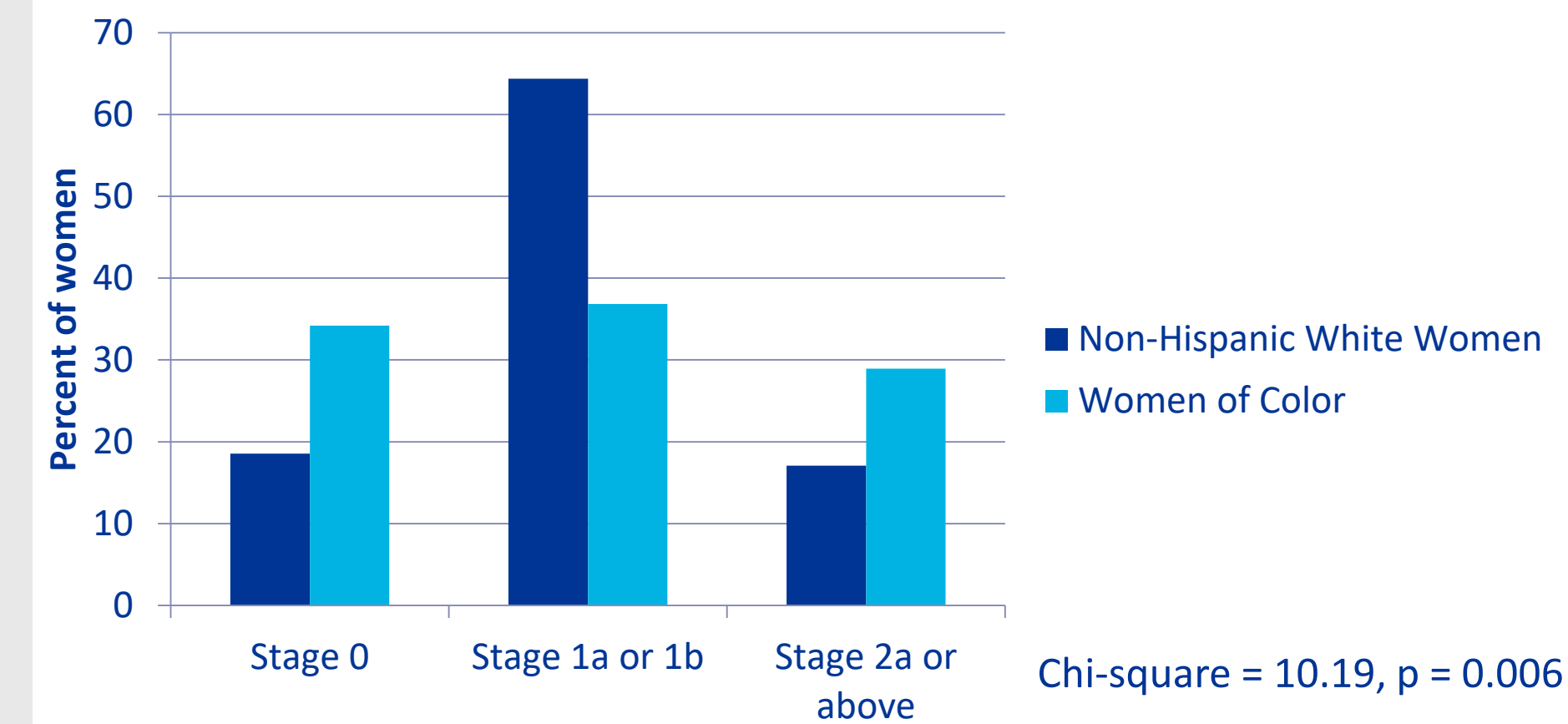


Figure 3: Consistent Screening by Race & Ethnicity.



Results

Figure 4: Stage of Cancer by Race and Ethnicity



Chi-square = 10.19, p = 0.006

Table 1: Predictors of Consistent Screening

Variable	Odds Ratio	95% Confidence Interval
Race/Ethnicity (woman of color vs NonHispanic White)	3.41	0.97, 11.98
Cancer Risk Score (medium vs. low)	1.80	0.48, 6.69
Cancer Risk Score (high vs. low)	1.09	0.24, 4.93
Hereditary Breast & Ovarian Cancer Syndrome	0.88	0.39, 1.97
Breast Density Score (low vs. very low)	0.69	0.14, 3.38
Breast Density Score (high or very high vs. low)	0.47	0.09, 2.45

P > 0.05 for all odds ratios

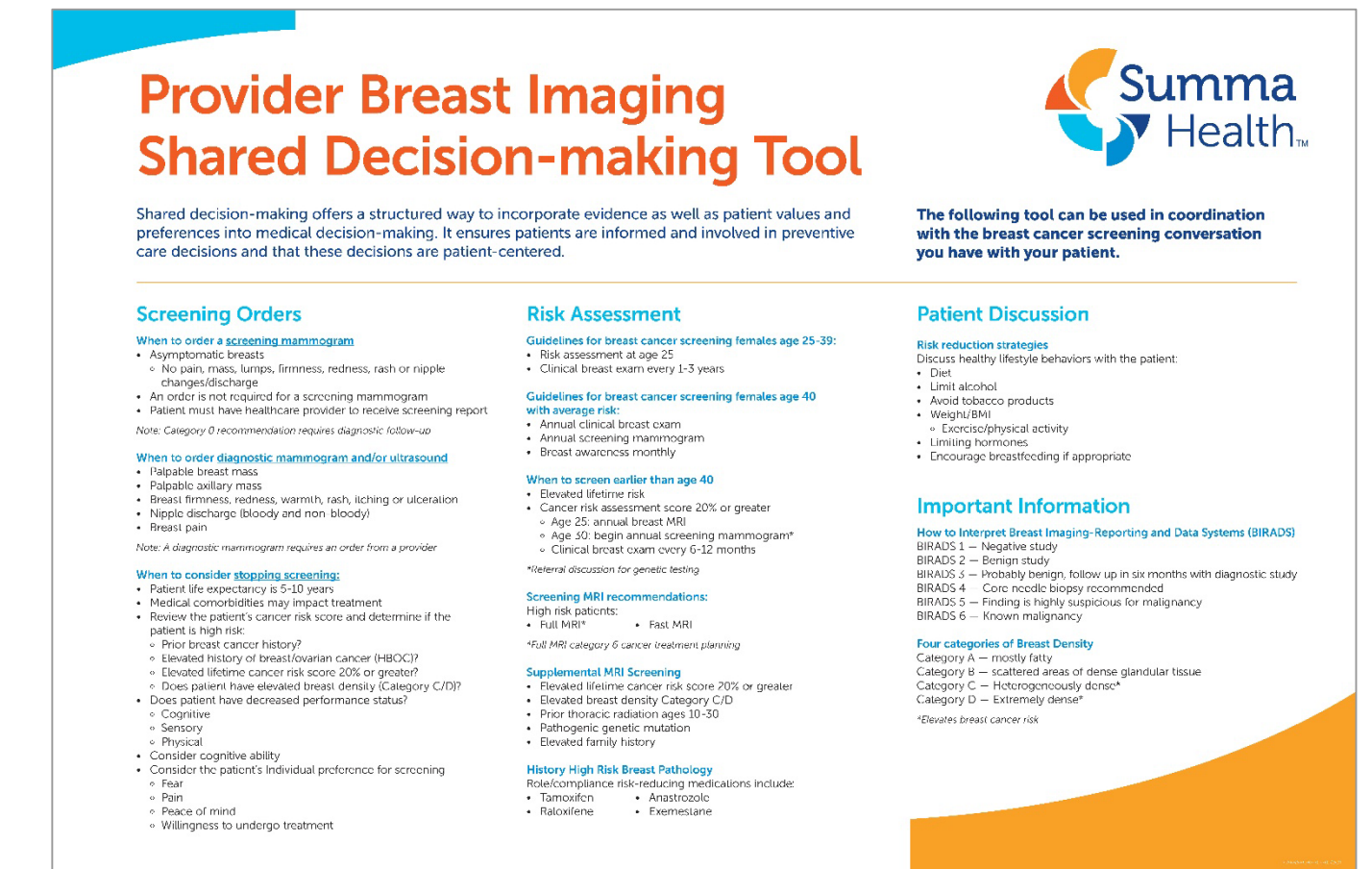
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Discussion

- Women were less likely to be screened in 2020 than during other years.
- Women who screened all three years were more likely to have Stage 0 and less likely to have Stage 2a and above compared to women who missed a screening between 2020 and 2022.
- Women of color were less likely than non-Hispanic White women to consistently screen during all 3 years.
- Women of color were also more likely to have Stage 2a or above cancer than Non-Hispanic White women. Surprisingly, they were also more likely to have Stage 0.
- In this sample, women at high risk were not more likely to be consistent in their screening patterns. However, we may have needed a larger sample size to find statistically significant results in the logistic regression analysis. See Table 1.

Figure 5: Tool



Conclusion

- 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 health care providers. Individual members of the patients care team have a role in helping to build and foster relationships working toward instilling trust between patients and providers that may impact screenings. See Figure 5.