

Experts Meeting on

Gynecologic Oncology

May 19-21, 2016 San Antonio, USA

Knowledge and awareness of breast cancer among females in the United Arab Emirates

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Background: Breast cancer, the most common cancer in the UAE, is a progressive disease with poor prognosis if detected late. Patients usually present at late stages due to lack of awareness about various aspects of breast cancer.

Aim: To gain insight on the level of knowledge about breast cancer among younger adult females in Sharjah.

Methods: A cross-sectional study was conducted among young-adult females (between ages 25 and 45) in Sharjah. A total of 492 females were selected based on a non-probability convenience sampling method. Data were collected through interview-based questionnaires then analysed using SPSS20. The total knowledge was calculated by averaging the total score (correct answers/total questions (66)) of each participant.

Results: The mean age of the participants was 33.5. 26.8% finished high school, the rest went through university. The average total knowledge of our population was 51%. The Majority (89%) knew that breast cancer is common and 45% knew it affects ages above forty. The total knowledge about signs and symptoms was 53%, and more than half (57.8%) knew that the most common presenting sign is a breast/armpit lump. The total knowledge about risk factors was 43%. 94.3% knew that cancer can be detected, and 93% knew that early diagnosis improves outcome. The total knowledge about diagnosis aspects and early detection methods was 67%. The most common reason for reluctance in performing BSE or other screening methods was decreased perception of risk. Finally, media was the most common source of knowledge.

Conclusion: The study revealed that respondents' knowledge about general aspects of breast cancer is less than expected. Also, health authorities and physicians' contribution to the population's knowledge was insufficient. The increased burden of the disease should be accompanied by powerful means of spreading awareness, which is exactly the aim of the study, to encourage implementation of methods that cover knowledge deficits as well as to emphasize on prevention and guidelines.

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Quality of risk-reducing salpingo-oophorectomy in Australian women at high risk of pelvic serous cancer

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The quality of risk-reducing salpingo-oophorectomy (RRSO) performed in Australasian women was previously reported to be suboptimal. Here we describe the quality of contemporary RRSO in women enrolled in the Kathleen Cuninghame Consortium for Research into Familial Breast Cancer (kConFab) and determine if it has improved. Eligible women had high risk of pelvic serous cancer (PSC) and had RRSO between 2008 and 2014. RRSO surgical and pathology reports were reviewed; "adequate" surgery and pathology were defined as complete removal of all ovarian and extra-uterine fallopian tube tissue and paraffin embedding of all removed ovarian and tubal tissue respectively. Associations between clinical factors and "adequate" pathology were assessed using logistic regression. The data were compared with published historical data from the same cohort using Chi-square test. Of 164 eligible women followed for a median of 40 months, 80 and 48 were BRCA1 and BRCA2 mutation carriers respectively. Most RRSOs were performed laparoscopically (74%) by gynaecologic oncologists (58%). 158/159 (99%) had "adequate" surgery and 108/164 (66%) had "adequate" pathology. Independent predictors of "adequate" pathology included surgery by a gynaecologic oncologist rather than a general gynaecologist ($p < 0.001$), more recent year of surgery ($p = 0.038$), and clinical notes that indicated high risk ($p = 0.018$). Both surgery and pathology were significantly more likely to be "adequate" ($p < 0.001$) in this contemporary sample. Hence, the quality of RRSO performed in Australasian women has improved dramatically over time. Surgery by a gynaecologic oncologist who informs the pathologist that the woman is at high risk for PSC is associated with optimal RRSO.

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