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A literature review of breast cancer screening barriers among Arab American women

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Background: Immigrants of ethnic minorities are the most likely to be diagnosed with advanced breast cancer (BC), and they subsequently have a higher mortality rate than nonimmigrant women. Despite facing this risk of BC, women from ethnic minority groups, such as Arab American women (AAW), are less likely to participate in breast cancer screening (BCS).

Purpose: This integrative literature review is to provide an overview of BCS barriers among AAW.

Methods: Online searches conducted on PubMed, CINAH, Google Scholar and PsycINFO, for articles dating from 2005 to 2015. Some of the keywords used: Arab American, mammogram, BCS, knowledge, attitude, and culture. Fifteen studies met the inclusion criteria which are (1) studies that exclusively or partially consisted of AAW participants; (2) research that studied AAW's attitudes or practices toward BCS; and (3) studies that were written in English.

Findings & Conclusion: BCS barriers among AAW are divided into four main categories that are further subdivided into subcategories, including socio-cultural barriers (family, stigma, and modesty); psychological (fatalism, perceived susceptibility, and fear); organizational barriers (language issues, health care system navigation difficulties, health care provider (HCP) preferences, and physicians' recommendations); and structural barriers (lack of health insurance, transportation issues, and distance of the facilities). Some BCS barriers, including fatalism and family relationships, were also found to be facilitators for some AAW to obtain BCS. The studies contradicted one another as to whether modesty was a BCS barrier. Acculturation and religiosity are one of possible explanations for results contradiction which need consideration in future research.

The diagnostic role of diffusion weighted imaging in the follow up of breast cancer patients after surgical treatment

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Objective: To assess the additive role of Diffusion weighted imaging (DWI) to dynamic contrast-enhanced magnetic resonance mammography (DCE-MRM) in evaluating breast cancer patients who underwent surgery (conservative or radical) and radiotherapy.

Patients & Methods: 60 female patients were included in this prospective study. This study was conducted at both Kasr El-Ainy hospital, radiology department (Women's imaging unit) and National Cancer Institute (N.C.I) from March-2013 until March 2015. All cases underwent either breast conservative therapy (BCT) or radical mastectomy at least 6 months before doing their MRI. Recurrence or post-operative complications were suspected by clinical examination. Mammography and breast US were done followed by MRI examination. DCM was done with DWI with b values of (0, 50, and 850). Pathology or stationery course of lesions on follow up were the gold standard.

Results: Out of the 60 patients, 27 were pathologically proven as malignant lesions compared to 33 patients with variable spectrum of post-operative changes. In our study, DCE- MRI was superior to DWI in diagnosis of malignant lesions with 2 false positive cases and no false negative cases while DWI showed 3 false negative cases and 4 false positive cases. DCE-MRI sequence & DWI showed sensitivity (100%, 88.9%), specificity (93.9%, 87.9%), PPV (93.1%, 88.9%), NPP (100%, 90.6%) & accuracy (96.7%, 88.3%) respectively.

Conclusion: Although DWI is considered a promising diagnostic tool in the diagnosis of breast cancer, its interpretation requires awareness of its possible pitfalls, weakness and strengths. Better results are obtained by combing DWI with dynamic sequences. DWI possibly can be an alternative to contrast injection at certain conditions as in patients with renal impairment.