




# Identifying Breast Cancer Screening Barriers Among Barbadian Women

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## Presenter Disclosure

Misha N. Granado

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

**No Relationships to Disclose**

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## Background I:

### Breast Cancer Screening: Barbadian and African American Women

	Incidence (per 100,000)	Mortality (per 100,000)
Barbadian Women	78.8	34
African American Women	143.7	33

In the **US and UK**: screening mammography

- Early detection
- Better survival rates

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## Background II:

Studies have shown African American women to have the following factors:

- Low uptake of mammography
  - Including repeat screening<sup>1</sup>
- Limited access to healthcare<sup>2</sup>
- Diagnostic and treatment delays<sup>3</sup>

1Jones BA, Patterson EA, Calvocoressi L. Mammography screening in African American women: Evaluating the research. Cancer. 2003;97(1 Suppl):258-272.  
2Ghafoor A, Jemal A, Ward E, Cokkinides V, Smith R, Thun M. Trends in breast cancer by race and ethnicity. CA Cancer J Clin. 2003;53(6):342-355.  
3Gorin SS, Heck JE, Cheng B, Smith SJ. Delays in breast cancer diagnosis and treatment by racial/ethnic group. Arch Intern Med. 2006;166(20):2244-2252.

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## Objective



- To examine Barbadian women's beliefs about mammography and breast cancer in order to identify potential barriers to breast cancer screening in this population.

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## Methodology



- Qualitative study
- 110 women
- 40- 75 years old
- Ethical approval
- Flower aliases



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## Methodology



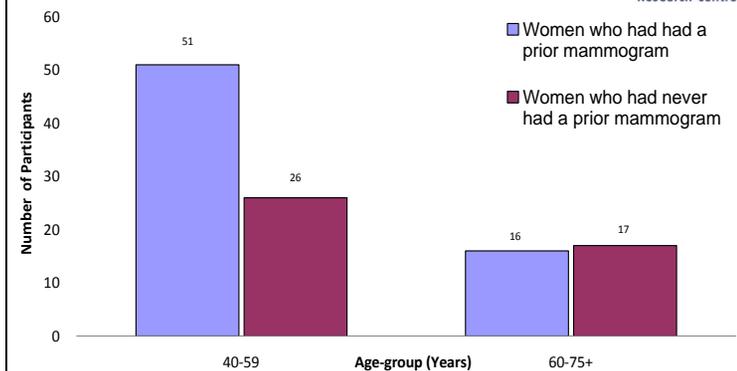
- Focus groups
  - Stratified by age and screening status
- Short questionnaire
- Voice-recorded
  - Transcribed
- Each session: 2.5H



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## Results I: Focus Group Participants



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## Results II: Mammogram Information



	Had prior mammogram (%)	Never had prior mammogram (%)
Has a current general practitioner (GP)	82	79
Family history of breast cancer	37	49
Mammography advertisement seen		
•Television	76	72
•Radio/newspaper	92	90
Referred by GP for mammogram	70	30
•Type of referral (diagnostic)	26	---
•Screening	48	---

## Results III: Barriers



- Fear
- Lack of, or erroneous information
- Cost

## 1. Fear



- Pain from mammography machine
- Cancer diagnosis or treatment
- Being stigmatized (cancer taboo)
- Loss of romantic relationship

## 2. Lack of, or erroneous information



- Every lump is cancer
- Cancer is always fatal
- No perceived individual breast cancer risk
  - Too young (participants in their 40s)
  - Too old (those aged 60 and older)
- Breast cancer is caused by:
  - Residual milk in the breast
  - Falls or sustaining hits to the breast

### 3. Cost



- Screening is expensive
  - No routine nationwide free screening program available
  - BCS screening provided annually in October
  - Free mammograms if referred to QEH
    - Machine often not working, or long waiting list
    - Women unaware cost is covered by QEH if opt to go elsewhere

### Results IV: Age Difference



- Younger Women
  - Too young
  - Loss of romantic relationship
- Older Women
  - ‘Young woman’ disease
  - Falls/hits causal

### Conclusion



- Three main barriers to breast cancer screening found in Barbados
  - Fear, erroneous/lack of information, cost
- Age-specific and cultural differences
- Gaps in healthcare provisions in Barbados
- If screening is to be recommended in Barbados
  - Health education, improving rates of physician recommendation

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