Breast Cancer Screening - Helping Patients Choose

Fran Riley
The University of Vermont

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Part of the Medical Education Commons, and the Primary Care Commons

Recommended Citation
https://scholarworks.uvm.edu/fmclerk/276

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Helping Patients Choose Breast Cancer Screening and Imaging

FRAN RILEY
MS3
APRIL 2017
SALLY HERSCHORN M.D., KIM HAGEMAN M.D.
Breast Cancer Screening

Many patients know about breast cancer screening

However, many questions have been raised:
- Do I need to be screened if I have no risk factors?
- What about radiation?
- What about false positives? (What is a false positive)
- Breast density?
- When should I start? (UVM radiology vs Family medicine send out letters on different schedules – every year vs every 2 years)

Even different professional associations differ on recommendations (eg. Start at 40yo, screen every year vs start at 50, screen every 2 years)

This can be confusing for patients, possibly undermining the importance of screening
Public Health Cost

- Goal of breast cancer screening – detect breast cancer early, where treatment is more effective and less expensive

- “In 2010, the cost of treating breast cancer was about $16.5 billion in the United States — higher than any other type of cancer. This is expected to increase to $20.5 billion by 2020.”

Nationally:

- Cumulative Cost of Treating Breast Cancer in the First 2 years after Diagnosis:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Year 1 + 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$74,160</td>
</tr>
<tr>
<td>1 or 2</td>
<td>$100,635</td>
</tr>
<tr>
<td>3</td>
<td>$165,188</td>
</tr>
<tr>
<td>4</td>
<td>$204,146</td>
</tr>
</tbody>
</table>

- Difference between stage 0 vs 4 is approximately $130,000 per patient.

Public Health Costs in Vermont

- Incidence of breast cancer in Vermont in 2013 is 126.5/100k. The cost savings per above would multiply quickly. This does not include the non-medical costs including lost wages, caregiver burden etc.
Community Perspective

Sally D. Herschorn, MD
Vice Chair for the Patient and Provider Experience, Radiology
Division Chief and Medical Director Breast Imaging
Associate Professor of Radiology, University of Vermont

“There are multiple different screening mammography guidelines available, which is confusing for patients. Mammography studies often get significant attention in the lay press and there are many untruths that are commonly believed. Patients need reliable information about mammography screening so they can make informed decisions. This project is an information brochure for patients.”
Community Perspective

**Kristine Buck, B.S.** Kristine majored in Community Health at the State University of New York at Potsdam. She is the Frymoyer Community Health Resource Center’s Health Educator.

“There are information about the services but there is a lack of branded, official information about the medical treatments.

This information is comprehensive, gentle, and mindful and would be a great help to our patients.”

**Alan Lampson, M.L.S.** - Alan has a Masters of Library Science degree from the State University of New York, University Center at Albany and he is the Lead of the Frymoyer Community Health Resource Center.

“Information on a much needed topic.

Clearly presented, written on a consumer friendly level.

Addresses the contention on the major topics of screening and screening topics”.
Goal – method of giving patient information, to help them understand the discussion around breast cancer screening.

Specifically:

- Address main questions regarding breast imaging (Radiation, false positives, age to start etc.)
- Use numbers to help give patients perspective on the various points of contention, so that they can make their own personal choice
- Use language helpful to diverse range of literacy levels to address as much of the population as possible
A dotphrase has been made with the same information for patient instructions

.breastcancerscreeninginfo
Evaluation of Effective and Limitations

Effectiveness
- 5 Family physicians, 1 PA and one resident were asked for their feedback
  - All were in agreement that this is a necessary and effective way to answer questions for patients
- One patient, with high school level education was asked about her thoughts
  - She took a draft home with her to show her friends and family
- Presented brochure at Ed Sessions for Family Medicine Residents

Limitations
- Brochure has limited space to provide information
- A more rigorous method of feedback could be used to gather comprehensive feedback
Future Intervention/Projects

Official Brochure as part of formal UVMMC communication regarding breast cancer

- Reviewed by Dr. Herschorn, 7 Family Physicians at Milton Family Practice, Martha Seagrave, Community Health Resource leader and educator, as well a UVMMC Marketing and Communications team
- Planning for distribution to Family Medicine, Adult Primary Care, Ob/GYN offices within UVMMC

Info sheet for physicians

- More details on the studies quoted + references to further explain the numbers presented
- More information on studies further addressing the issues
  - Eg. Studies show that the anxiety associated with false positives is significant but reduces fairly quickly with time, and that most women would rather endure numerous false positives rather than find breast cancer late
References


7.) “Breast Density: How to Inform and Educate your Patients”. Presentation for Family Medicine Grand Rounds. Dr. Sally Herschorn, M.D. April 3 2017

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview. Yes _____ / No _____

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: