



# Perceived Barriers and Benefits Toward Breast Cancer Screening Among Saban Community Clinic Patients



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## BACKGROUND

- Breast cancer is the most common cancer in the developed world and is the second leading cause of cancer mortality among women<sup>1</sup>
- The USPSTF's current breast cancer screening guidelines suggest that women aged 50 to 54 years get screened with mammography annually. For women aged 55 years and older, screening is recommended once every 1-2 years until age 75<sup>2</sup>
- Adherence to screening can reduce the risk of mortality by 26% for every 1,000 women screened<sup>3</sup>
- Hispanic women are less likely than white women to engage in routine mammogram screening and can face higher mortality rates. In black women, breast cancer occurrence is often at a younger age and associated with more aggressive tumor phenotypes<sup>4</sup>
- Saban Community Clinic (SCC) is a 5 site federally qualified health center that recently began offering onsite mammogram services to its under-resourced and low-income patient population
- Previously, SCC patients were sent offsite to Beverly Tower Women's Health Center for mammography services. This location was far from SCC sites which may have affected the number of completed screenings

## STUDY QUESTIONS

- What barriers toward breast cancer screening exist for patients who did not schedule or attend their mammogram appointment?
- What perceptions do patients who did not schedule or attend their mammogram appointment have in regard toward the benefits of breast cancer screening?
- What can SCC do to address barriers patients face in attending mammogram appointments?

## METHODS

- A 24-item survey was developed to assess perceived barriers and benefits to breast cancer screening
- 20 items on the survey were developed utilizing validated questionnaires. Patients were asked to respond using a 5-point Likert scale from strongly disagree to strongly agree
- 4 survey items were open-ended questions
- Electronic medical records (EMR) were used to obtain data on patients who had mammogram referrals ordered from November 2020-May 2021, but did not schedule their mammogram appointment or did not attend their scheduled appointment
- Patients were contacted by phone and the survey was administered in a structured interview format (n=30)

## RESULTS

Racial Demographics	
Hispanic/Latino	57%
White/Non-Hispanic	23%
Black/African American	17%
Did Not Disclose	3%

Table 1: Participant self-identified racial demographic data

Age Representation	
50-54	27%
55-75	73%

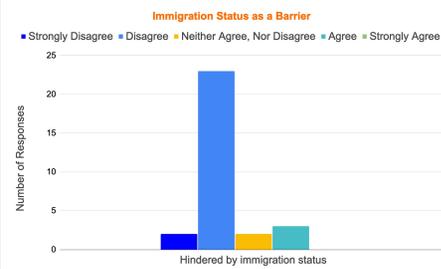
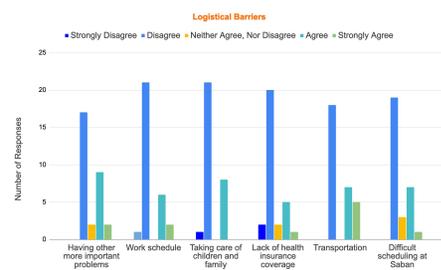
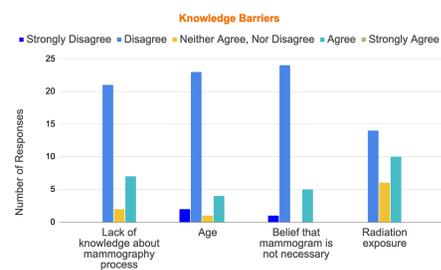
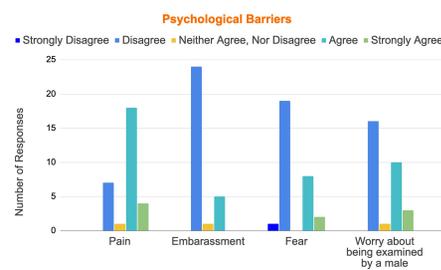
Table 2: Age ranges of participants based on breast cancer screening guidelines

Themes & Direct Patient Quotes	
<p><b>Patient already completed annual breast cancer screening exam</b></p>	<p>"I already did my mammogram at Beverly Tower, so I cancelled my appointment at Saban."</p>
<p><b>Patient preference for completing mammogram at Saban</b></p>	<p>"This is my clinic. I would much rather go to Saban [for my mammogram] than elsewhere."</p>
<p><b>Uncertainty about need for breast cancer screening due to older age</b></p>	<p>"I thought I was too old to need a mammogram, but I guess not since I keep getting calls from Saban about making an appointment."</p>
<p><b>Difficulty in rescheduling appointments at Saban</b></p>	<p>"It's not difficult to schedule an appointment, but it is <i>very difficult</i> to reschedule." "I wish the schedule was more accessible." "It is hard to know what my work schedule will be far in advance. If I could reschedule my appointment and come in the next day or next week it would be better than 4-6 weeks later."</p>
<p><b>Impactful experience with a loved one having breast cancer</b></p>	<p>"I am motivated to prevent this type of cancer in myself and educate others of the importance of getting mammograms done." "I knew someone who couldn't get screenings and I saw how quickly she passed because it was very late and it [the breast cancer] spread. I know it is important to get them [mammograms] done."</p>

Table 3: Themes and direct patient quotes from responses to the 4 open-ended survey items

Perceived Benefits Toward Breast Cancer Screening	
Question	Average Participant Responses
If I get a mammogram and nothing is found, I do not have to worry as much about breast cancer.	3 - Neither Agree, Nor Disagree
Having a mammogram will help me find breast lumps early.	4 - Agree
If I find a lump early enough through a mammogram, my treatment for breast cancer may not be as bad.	4 - Agree
Having a mammogram could help me find a breast lump before it is big enough to feel.	4 - Agree
Having a mammogram will decrease my chances of dying from breast cancer.	4 - Agree

Table 4: 5-items utilized to assess perceived benefits towards breast cancer screening and the corresponding average responses for each item



Figures 1-4: Responses to the 15-items utilized to assess psychological, knowledge, logistical, and immigration status related barriers toward mammogram screening

## DISCUSSION

- Participants were less likely to endorse logistical barriers which may lend support to the effectiveness of the SCC mobile mammography clinic which has eliminated common barriers associated with transportation, health insurance, and scheduling
- Participants did not endorse knowledge barriers which was corroborated by the responses to the perceived benefit survey items and open-ended question theme of "impactful experience with a loved one having breast cancer"
- Pain associated with mammograms was the most endorsed barrier, however, exposure to radiation and transportation were strongly endorsed
- 73% of participants expressed interest in rescheduling their appointment after participating in study

### Recommendations

- Updating Records** - Mammogram results from non-SCC sites need to be updated in a timely manner. Numerous patients appeared overdue for a mammogram according to EMR but had already completed their annual screening at a non-SCC site.
- Appointment Availability** - Consider having more mammogram screening days at SCC to allow for flexibility in rescheduling visits.
- Location Awareness** - Alert all clinic sites about screening days to divert patients to appropriate location. Provide clearer instructions to patients to avoid travel to incorrect SCC location.
- Education**
  - Although age was only endorsed as a barrier by 4 patients, some patients expressed uncertainty about needing a mammogram due to their older age. Screening guidelines should be clarified to patients.
  - Counsel patients on the pain and radiation dose exposure associated with mammograms.
- Transportation** - Provide patients who endorse transportation as a barrier with Lyft services, which SCC already offers to patients with lack of transportation

## REFERENCES

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