

Prevalence and predictors of non-adherent to breast cancer screening: Perspective and preferences of hospitalized women

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Disparities in screening mammography use persist among low-income women, even those who are insured, despite the proven mortality benefit. We evaluated the prevalence of breast cancer screening non-adherence among hospitalized women and their receptivity to inpatient screening mammography as a novel approach to increase breast cancer screening rate. A cross sectional study was conducted among 250 hospitalized women age 50-75 years, admitted to medicine service at Johns Hopkins Bayview Medical Center in early 2012. Approximately one-third of women enrolled were African American, and 61% of the study population reported an annual household income of < \$20,000. 41% were overdue for screening, of which, 13% never had a mammogram. Thirty-two percent of the women were at high risk for breast cancer (Gail score $\geq 1.7\%$). The most commonly reported barriers to screening mammograms were failure to remember appointments, and lack of transportation. We also evaluated the socio-demographic and clinical comorbidities risk factors associated with non-adherence. After adjustment of all these predictors, three variables were found to be independently associated with non-adherence to breast cancer screening: low income (OR=3.81, 95%CI; 1.84–7.89), current or ex-smoker (OR=2.29, 95%CI; 1.12–4.67), and history of stroke (OR=2.83, 95%CI; 1.21–6.60). Although most women believed that it is important for healthcare providers to discuss breast cancer screening while patients are in the hospital, 72% were willing to pay out of pocket a mean of \$83.41 (95% CI, \$71.51-\$95.31) in advance towards inpatient screening mammogram.

Conclusions: A significant number of hospitalized women from lower socioeconomic class are non-adherent and at high risk of developing breast cancer. Because hospitalization creates the scenario wherein patients are in close proximity to healthcare resources, at a time when they may be reflecting upon their health status, strategies could be employed to counsel, educate, and motivate these patients towards health maintenance.

Biography:

Dr. Waseem Khaliq M.D, M.P.H is faculty at Johns Hopkins University School of Medicine, Baltimore. He earned his medical degree at King Edward Medical College, Pakistan and Master's in Public Health (MPH) from University of Minnesota, Minneapolis. He completed his medical training in medicine at University of Illinois, Urbana. His research interest includes breast cancer screening and treatment disparities, breast cancer risk stratification, and breast cancer chemoprevention. He has published several manuscripts and serves as an editorial board member and reviewer for many medical journals.