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Screen detected symptoms of breast cancer and its relation with program performance indicators in Finland

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A key component of breast cancer screening program is the collection of data on symptoms at the time of screening visit. In many cases, however, the data are not subsequently analyzed for relationships between symptoms and screening program performance. It is a unique study that analyzes the role of symptoms and its relation with screening program performance in a longitudinal outlook. The screening dataset consists of the total number of visits (4.5 million screening visits) made by screening age women since the start of the program and followed for more than 20 years (until 2012). Key symptom variables- lump, retraction, secretion were analyzed for their role with program performance indicators - Cancer detection rate, attendance rate, recall rate, etc. in a longitudinal outlook. Various innovative methodological approach are used to better fit the screening data of a repeated (women invited every two years) mammography screening program. Marginal and conditional probability models were developed to calculate the cumulative probability of any or first false positives and cancer detection in those who reported symptoms compared to those with no symptoms. The result shows a promising role that symptoms can contribute to a population-based screening program in addition to mammography screening. The implication of the results can be more favorable in a setting, with no repeated screening program at a population level, where clinical breast examination (CBE) is feasible provided that adequate diagnostic services are available.

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The effect of various forms of social support on quality of life and relationship of women with breast cancer and the differences compared to the general female population

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The purpose of the current research is to study the different relationship between the social support from the social environment and social support from the partner to women with breast cancer, the interaction of the two forms of support and the differences compared with the general population of women. Specifically, 187 participants took part in the research, out of which, 89 women had breast cancer, 87 women were in general population and 16 were men partners of the women-patients. The questionnaires were given in paper and electronic form. The results showed that the positive and common dyadic coping is positively associated with the quality of life and relationship of women with breast cancer, while the negative dyadic coping is negatively related to the quality of life and relationship. With regard to partners, the negative dyadic coping is negatively associated with the life satisfaction and quality relationship. Moreover, it was found that social support from social environment is positively correlated with the quality of life of women, while the support interaction between other's and partner's support is a predictor of quality of life in women from general population. Finally, no differences were found between women with breast cancer and women from the general population.

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