



Promoting Early Recognition of Breast Cancer in Tanzania



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INTRODUCTION

Breast cancer remains the leading cause of cancer-related death in women worldwide (1). In developing countries such as Tanzania, women with breast cancer are diagnosed at later stages when the disease is locally advanced or metastatic and when palliative care or hospice are the only treatments available (2). There are no population-based breast cancer screening programs in the country and women rely on community-level healthcare providers to recognize malignant masses through physical examination at earlier stages. However, most frontline Tanzanian healthcare providers have not had formal education on breast cancer or how to properly perform a breast exam and unfortunately many breast masses go unrecognized (3).

AIM

To develop and implement a breast cancer training program with the purpose of increasing breast cancer knowledge in order to empower frontline healthcare providers to detect early signs of breast cancer in resource-scarce settings.

METHODS

- Develop breast cancer training curriculum including a didactic and practical component for 120 participants in Iringa, TZ in January 2018 at Ilula-Minnesota Healthcare Conference.
- Provide education about the pathophysiology, risk factors, signs/symptoms, and treatment of breast cancer through didactic education.
- Teach and practice proper breast exam techniques using anatomic models with benign and malignant masses, skin changes, and nipple changes.
- Conduct pre- and post-curriculum surveys to assess baseline knowledge and knowledge gained from the training as well as the likelihood that the training will impact clinical practice.

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RESULTS

- *The majority of the participants were doctors or nurses (68%) who worked in the district hospital level (67%). The other participants included pharmacists and health administrators.*
- *63% were male and age was almost evenly distributed.*
- *A majority of participants answered correctly to the baseline breast cancer knowledge questions therefore after the training, only 8% had an improvement in their breast cancer knowledge.*
- *Over half (53%) of participants had never had any prior breast cancer education/training yet 80% had seen patients with problems of the breast.*
- *A majority of participants (82%) felt the information would improve their clinical practice and 59% reported it was very likely they would use this information in their practice.*
- *Twenty-nine percent (15) of participants believed that carrying a cellphone or money in a bra could cause cancer. This decreased to 12% (6) following the training ($p=0.0670$).*

CONCLUSIONS

A majority of participants had basic knowledge of breast cancer however almost 1/3 thought carrying money in the bra was a risk factor for breast cancer.

A majority of participants had not formally been taught the breast exam despite seeing patients with breast problems in their clinical practice.

The training was successful in increasing the participants confidence in their breast cancer knowledge and physical exam skills.

A referral process was set up to help expedite the process of referring a patient to a level of care capable of breast biopsy and treatment of potential breast cancer. The overarching goal of the project is to ultimately increase the number of patients with breast cancer being recognized earlier when cure is more likely. This outcome cannot of measured within the context of the current project. We hope that future training programs can be developed to educate more community-level healthcare providers.

Confidence Level	Baseline	Follow-up
Very confident	17% (9)	49% (25)
Somewhat confident	55% (28)	29% (15)
Not very confident	10% (5)	0% (0)
Not at all confident	10% (5)	0% (0)
No response	8% (4)	22% (11)

Table 1.1 (Above) – Breast exam confidence level based on pre- and post-education surveys.

Knowledge Level	Baseline	Follow-up
Very confident	10% (5)	54% (27)
Somewhat confident	65% (33)	23% (12)
Not very confident	15% (8)	2% (1)
Not at all confident	8% (4)	0% (0)
No response	2% (1)	21% (11)

Table 1.2 (Right) – Knowledge confidence level based on pre- and post-education surveys.

REFERENCES

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