

# INTERVAL BREAST CANCER: WOMEN'S EXPERIENCE WITH DIAGNOSIS

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## BACKGROUND

Interval breast cancers are cancers diagnosed after a negative mammogram, but before the patient's next scheduled screening mammogram.

Interval breast cancers are:

- More often larger in size
- Have more lymph node involvement
- Are of higher grade and later stage
- Are associated with increased risk of breast-cancer-specific mortality compared with screen-detected cancers.

## OBJECTIVES

The objective of this study was to document women's entry into care through diagnosis. Specifically we report:

- The type of provider she reached out to
- The wait time for diagnosis
- The reaction(s) of the women during the diagnosis process.

## METHODS

- 44 woman were eligible 20 completed interviews
- Individual, in-depth interviews were completed using structured interview guide
- They were all conducted via Zoom
- English and Spanish language interviewers
- Audio-recorded and transcribed interviews
- Codebook created with structural and descriptive codes

Inclusion criteria

- Female
- Age at screen between 40-69
- Did not have a breast cancer diagnosis prior to her first negative screen
- Negative mammogram screen followed by breast cancer diagnosis before next screen (or within 2 years since negative mammogram screen)
- All screening, diagnostic and treatment services done within same healthcare system across 3 counties
- Medical record 2013-current

## RESULTS

Who she first reached out to

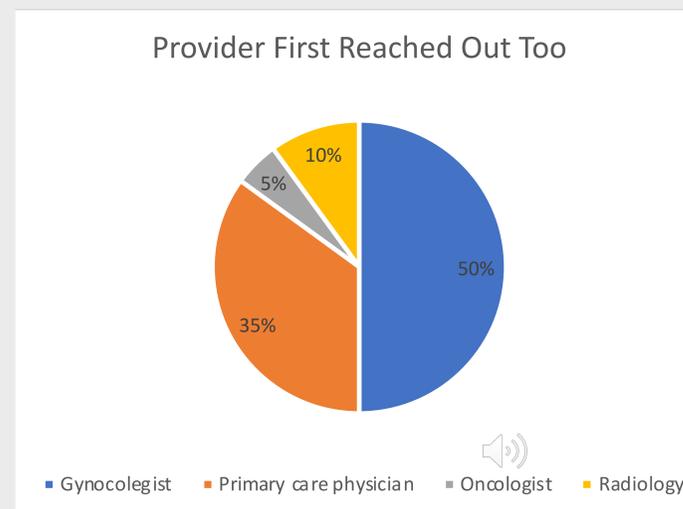


Figure 1: which provider contacted

The wait time for diagnosis:

- More than 90% of woman state a short waiting time which is under 6 weeks
- Many state once diagnosed their treatment moved quickly

The reaction(s) of the women during the diagnosis process.

- Some mentioned frustration with the process
- Some were satisfied with a smooth process
- Many were shock in general to their diagnosis

• One example from a participant:

“I was so blessed with, I mean I keep looking back and thinking, Wow, it was amazing because I mean I got in I met my oncologist, we got going.”

## CONCLUSIONS AND FUTURE IMPLICATIONS

In conclusion, we are able to

- Most woman reached out to a known provider
- Most woman were seen within a few days or weeks
- Some woman expressed frustration with delay of care because they wanted treatments sooner
- Woman were seen in a timely
- There is a good referral system among providers
- Continue coding to find more emerging themes among all woman who participated
- We hope to share our findings to propose additional training and resources to providers.

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