

(SELECTED PRESENTATIONS) (THIRD PRIZE)

EVALUATION OF THE MAMMOGRAPHY RESULTS AND BREAST CANCER ASSESSMENT

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Objective: Breast cancer is number one cause of death in women and responsible for almost 7.4 million deaths. The aim of this study was to determine the controversial and unconvertible risk factors related to life style, that take place in developing breast cancer; and also to evaluate effects of these risk factors on developing breast cancer, together with mammography results, which is an early diagnostic method for breast cancer.

Methods: A total of 375 women who accepted to join the questionnaire were included into the study. Questions intended to measure the knowledge levels on the early diagnostic methods of breast cancer, and oriented at sociodemographical features, were asked to the participants together with the form recommended by the Ministry of Health. Body mass indexes (BMIs) were estimated by measuring height and weight.

According to the risk assessment form for breast cancer it was estimated as:

≥400 the highest risk

301-400 high risk

201-300 medium risk

≤200 low risk.

Means, frequency, t-test and chi-square test were used for analysis and level of significance was accepted as $p < 0.05$.

Results: Mean age of the women participated in the study was 50.23 ± 7.07 (min-max= 40-69 years). Most of them (53.1%; n=199) were between 40 to 50 years old, graduates of primary school (56.8%; n=213) and housewives (77.3%; n=290). Of the women, 17.1% was smoker (n=64) and the rate of ones never doing exercise was 60% (n=225). It was determined that 25 (6.7%) women had their first menstruation ≤ 11 years of age and 124 (33.1%) had > 15 . Sixteen (4.3%) had a baby after 30 years of age. Of the women who had children, 24 (6.4%) had never breastfed a baby. 50.7% of the women (n=190) were already in menopause and 20 (5.3%) of them were having HRT (Hormon Replacement Treatment), with a mean HRT time of 3.85 months.

Thirteen women (3.5%) had their first degree relatives with breast cancer history, 159 (4%) had a breast cancer history among their second degree relatives and 5 (1.3%) had their own history of breast cancer. Six (1.6%) women was determined with a very high MRP (Mean Risk Point), 29 (7.7%) with a medium point and ve 340 (90.7%) with a low point. Malignity was determined in a low risk woman.

Of the women who knew BSE (Breast Self-Examination), 25.6% (n=96) had learned it from family physicians; 13.1% (n=49) from general surgeons and/or gynecologists and the other 71% (n=71) from TV. Two hundred and nine (55.7%) women had previously gone through testing for breast cancer and 182 of them (48.5%) had a mammography test. From 28 participants who had cancer in the family, 39.3% (n=11) had no information about BSE and they did not know how to do it.

MRP were rising with aging and also among women if there was a breast cancer history in the family or herself, if the age of bearing the first child was >30, the age of first menstruation was >11 or overweighted according to BMI ($p < 0.001$). Women with a high MRP had also significantly high rate of knowledge about mammography, an early diagnostic method of breast cancer ($p = 0.007$).

In participants who had their first child before 30, malignity rate in mammography was higher ($p = 0.001$). Breastfeeding for up to 12 months, smoking, exercising had no significant relation with breast cancer ($p > 0.05$).

Conclusion: Every woman should be informed about and necessarily tested for breast cancer which is one of the most common cancers among women, by doing risk assessment. In our study, we determined 6 (1.6%) participants with a very high risk point for breast cancer, and one patient has been referred with the diagnosis of malignity. Breast cancer risk point and sociodemographical features had no significant relation with the mammography results. We suggest that a significant relation could be found by rising of these rates in studies with broader participation.