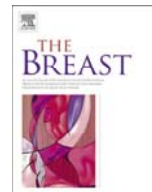




Contents lists available at ScienceDirect

The Breast

journal homepage: www.elsevier.com/brst



Original article

Can we make a portrait of women with inoperable locally advanced breast cancer?



Giacomo Montagna^{a, b, *}, Andres R. Schneeberger^{c, d, e}, Lorenzo Rossi^{b, f},
Gabriella Bianchi Micheli^b, Francesco Meani^{a, b}, Mauro Imperiali^g, Alessandra Spitale^h,
Olivia Pagani^{b, f}

^a Department of Obstetrics and Gynecology, Ente Ospedaliero Cantonale, Lugano, Switzerland

^b Breast Unit of Southern Switzerland (CSSI), Lugano, Switzerland

^c Psychiatric University Hospital (UPK), University Basel, Basel, Switzerland

^d Psychiatric Services Grisons (PDGR), Chur, Switzerland

^e Albert Einstein College of Medicine, Department of Psychiatry and Behavioral Sciences (AECOM), New York, NY, USA

^f Oncology Institute of Southern Switzerland (IOSI), Bellinzona, Switzerland

^g Department of Laboratory Medicine, Ente Ospedaliero Cantonale, Lugano, Switzerland

^h Ticino Cancer Registry, Locarno, Switzerland

ARTICLE INFO

Article history:

Received 27 December 2016

Received in revised form

28 February 2017

Accepted 1 March 2017

This work was presented at ABC3 (Advanced Breast Cancer Consensus Conference, Lisbon 4–6 November 2015).

Keywords:

LABC

Patient delay

Diagnostic delay

Treatment delay

Psychosocial factors

Coping factors

Denial

ABSTRACT

Introduction: Delay between clinical presentation and treatment of breast cancer (BC) can significantly impact mortality. We aimed at drawing a picture of women with locally advanced breast cancer (LABC) treated at our Breast Unit and at investigating factors associated with treatment delay.

Material and methods: A retrospective descriptive analysis, using a specific 28-item semi-structured questionnaire, was conducted in 67 patients diagnosed with T4 BC.

Results: Nearly a third of our patients had at least one known predisposing factor for LABC. 42% of patients did not perform routine medical breast checks, 49% reported indifference as the first feeling and 47% waited at least 3 months before seeking medical attention. The reasons for diagnostic delay were different in the various age groups. Doctor's delay in making the right diagnosis occurred in 60% of younger patients (≤ 40 years, $n = 5$), whereas among women aged 41–69 years ($n = 34$) 50% suffered from psychiatric comorbidities. In patients ≥ 70 years ($n = 28$) social factors such as isolation, being widowed and living in a retirement home were present in most of the cases. Delay in seeking medical care was also associated with increasing age. Across all age groups, coping factors such as denial and indifference were also associated with an increase in the odds of delayed presentation, as opposed to fear.

Conclusions: Factors possibly explaining late medical consultation seem to differ according to age. Psychological factors are crucial in patients' delay whereas age and social factors are relevant in doctors' and system's delay.