EDUCATIONAL MATERIAL TO PREPARE PATIENTS FOR RECEIVING ABNORMAL MAMMOGRAM RESULTS. EFFECTIVENESS OF THE INTERVENTION WAS MEASURED.

RESULTS: Forty-one women were interviewed. Post-intervention were less anxious than the pre-intervention group when entering ‘cancer institute’ (18% vs. 27%) and ‘cancer institute’ designation provoked less stress post intervention. (25% vs. 37%). Educational intervention and companion support led all the intervened and accompanied patients to choose the cancer institute as the preferable location to share the imaging results. This showed significance (p 0.026), which was non-significant without intervention even with having support.

CONCLUSION: Consultation in a cancer institute provokes superimposed distress and anxiety. This is an important consideration in managing overall breast health. Educational materials on risk of breast cancer lowered anxiety in women with abnormal breast imaging.

INTERVENTION: Women of Caucasian, Hispanic, Afro-American, Native American and other E/R who were ≥ 40 years with biopsy-proven IDC < 30 mm in size were consented in an institutional review board-approved multi-institution clinical trial designed to determine the efficacy and outcome of single fraction IORT. E/R cohorts were assessed for differences in outcome.

METHODS: Between May 2012 - July 2018, 934 enrolled IDC pts were treated per protocol with lumpectomy plus a single 2 Gy IORT fraction using disposable balloon electronic brachytherapy. Data collection included demographics, histopathology, local recurrence (LR), and survival. The Exact Chi-square, 2-sided test was used for statistical analysis.

RESULTS: 934 pts (mean age: 66.4 years) had IDC breast cancer treatment (mean size: 11.7 mm) using single fraction IORT per protocol. Median follow-up was 4 years. E/R was identified in 909 pts. E/R cohort LR were not statistically different (p = 0.546). There was no breast cancer related death.

CONCLUSION: Single fraction IORT utilization in this trial minimized 2 known E/R disparities (access and delay in radiation therapy). Recurrence rates, while higher in Hispanics, Afro-Americans, and Asians, did not reach statistical significance.

EXAMINING LOCAL RISK FACTORS FOR LATE STAGE DIAGNOSIS OF BREAST CANCERS: A SINGLE INSTITUTION EXPERIENCE
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INTRODUCTION: Prior research suggests sociodemographic factors are associated with a delayed presentation for patients with locally advanced breast cancer (LABC). We sought to identify sociodemographic factors in our regional catchment area which delay a diagnosis of LABC.

METHODS: A retrospective case control design was utilized. Female patients with a clinical diagnosis of T3-T4 breast cancer from January 2008-June 2019 were matched in a 2:1 ratio to patients with clinical T1 disease by age, race, and diagnosis date. Matched quantitative analysis was performed. A p-value of <0.05 indicated statistical significance.

RESULTS: Sixty-four patients with LABC were matched with 128 patients with T1 disease. No significant differences in demographics, income, or healthcare access were observed. Patients with LABC had lower mammogram screening completion rate (0.35 vs. 0.14, p<0.0001), were less likely to have a primary care provider (60.9% vs. 94.5%, p<0.0001), or family history of breast cancer (40.4% vs. 58.3%, p=0.02). LABC patients had fewer pre-existing psychiatric disorders (28.1% vs. 40.6%, p=0.09), though not statistically significant. Qualitative analysis revealed 39 LABC patients (60.9%) with a delayed initial presentation. Reasons included minimal prior health system contact (16.3%), financial concern (10.2%), and mistrust of medical professionals (10.2%).

CONCLUSION: Patients with LABC appeared to have less overall contact with the healthcare system before diagnosis. Most of these patients had a delay in presentation for various psychosocial reasons, despite similar socioeconomic status to patients with T1 disease. Continued public health efforts to increase screening and awareness are needed to promote early detection of breast cancer.

IMPACT OF CERTIFIED LETTERS ON FACILITATING BREAST CENTER FOLLOW-UP AMONG HIGH-RISK PATIENTS
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INTRODUCTION: Adherence to breast screening recommendations is important for high-risk patients and those with a personal history of breast cancer. A variety of interventions, including structured phone interviews, automated text or phone messages, and mailed reminders have been described. Such practices are...