

Background

➤Breast cancer accounts for 27% of female cancers in India .

➤Fear and lack of awareness results in late stage presentations and high mortality.

➤ Public education about cancer symptoms and importance of early detection can help in improving outcomes

Aims

➤1) To assess importance of community participatory approach in success of a screening program

➤2) Effectiveness of **iBreastExam** as screening device for breast cancer

Methods

Setting- Kannapuram grama panchayath Kannur ,Kerala , India



Sensitizing workshop



Awareness activities for representatives of LSG



Community campaign (posters, meetings, health exhibitions, seminars)



Visit to 3800 houses and participant recruiting



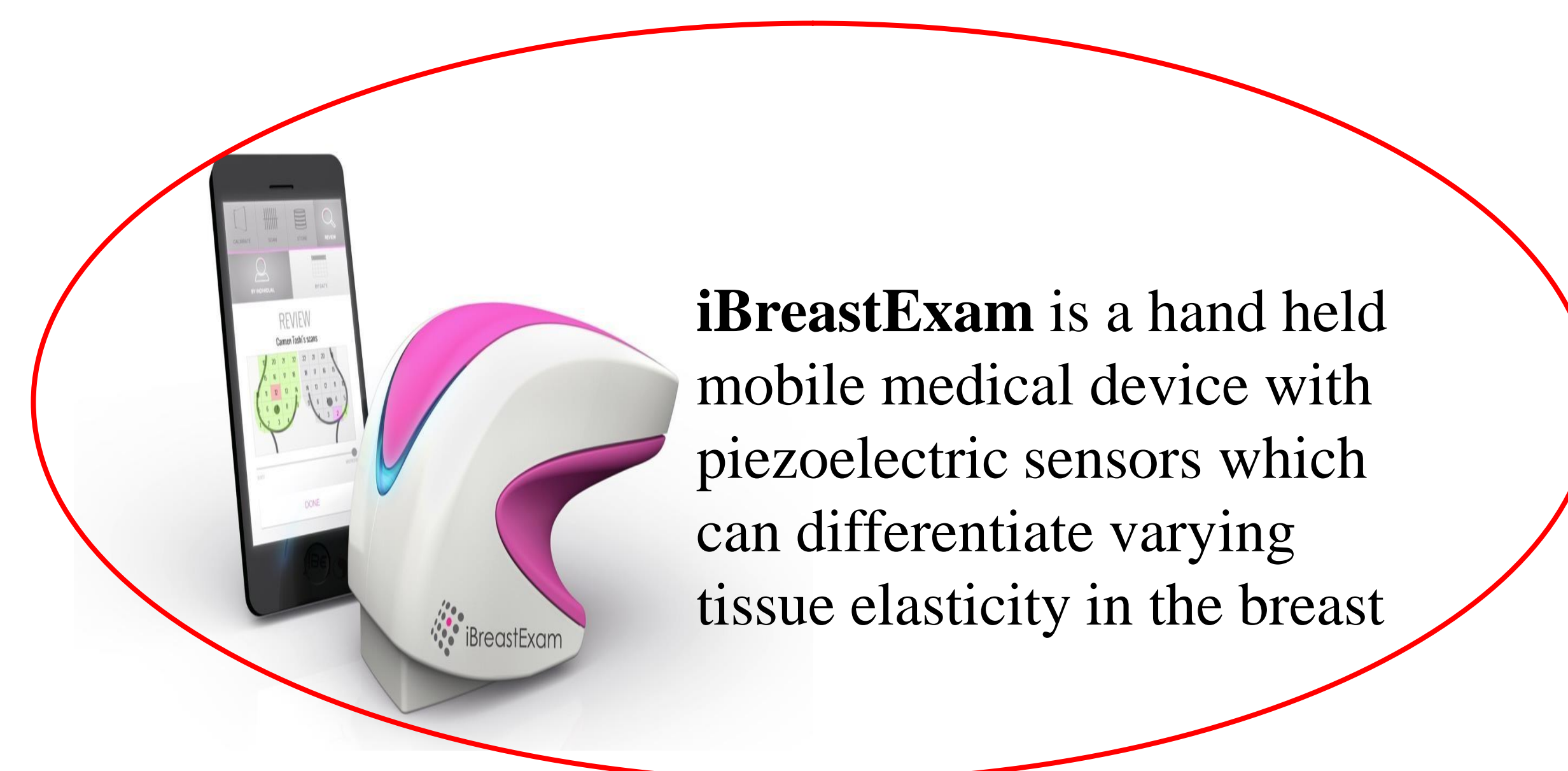
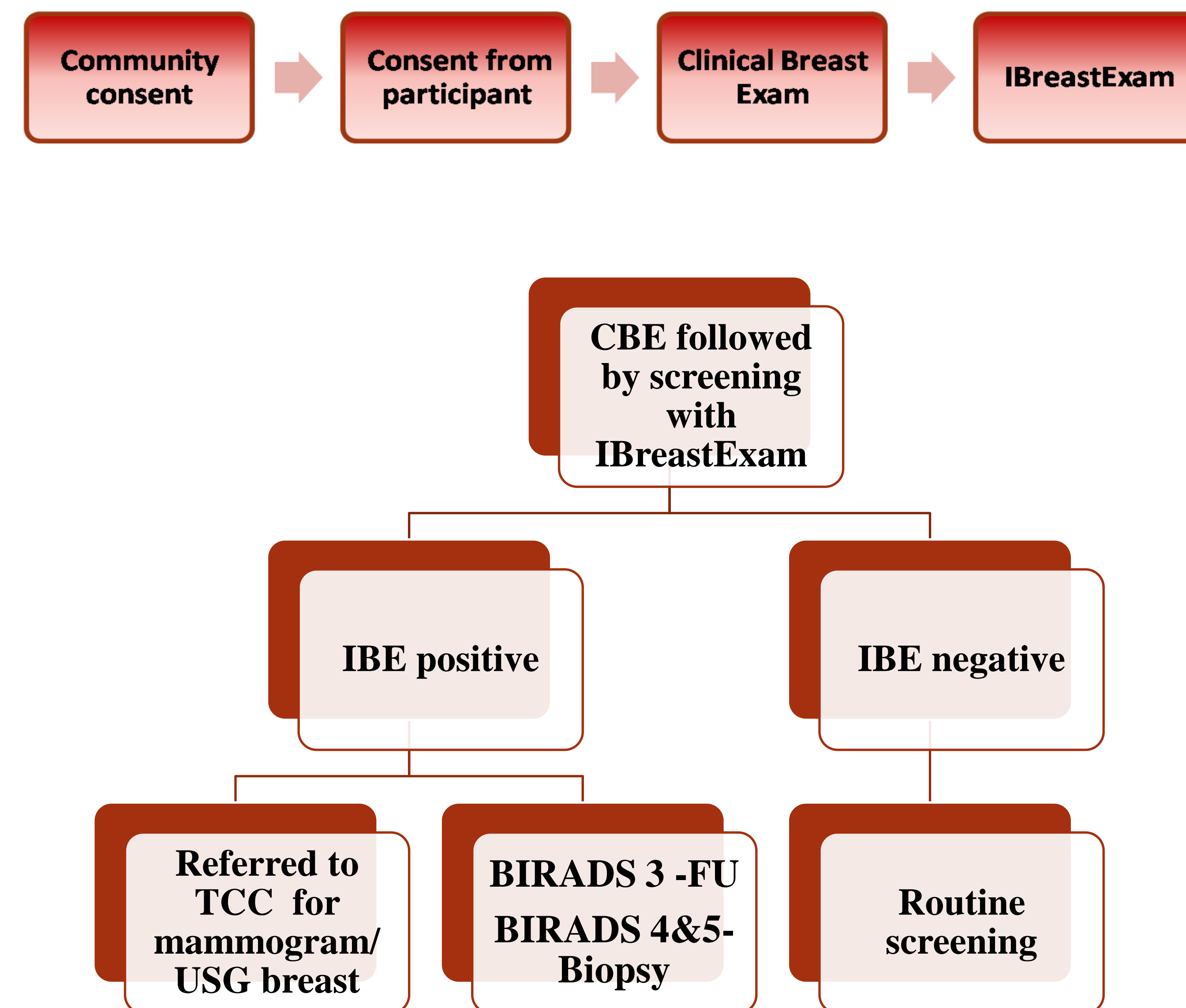
Mega camp for 10 days
Examination of 250-500 women /day



Patient navigation to TCC by members of LSG

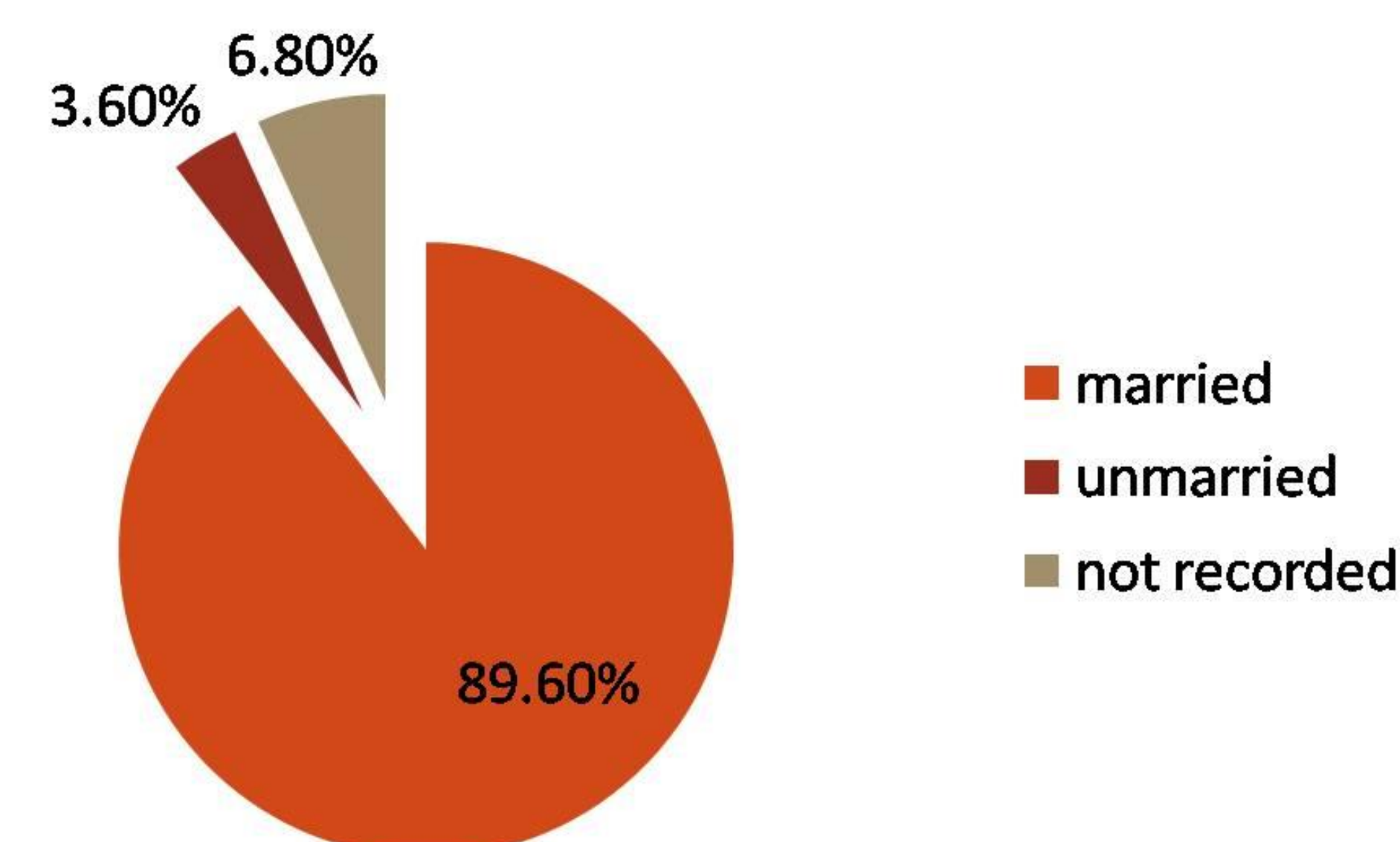


Investigation/Treatment of detected cases at Tertiary Cancer Center

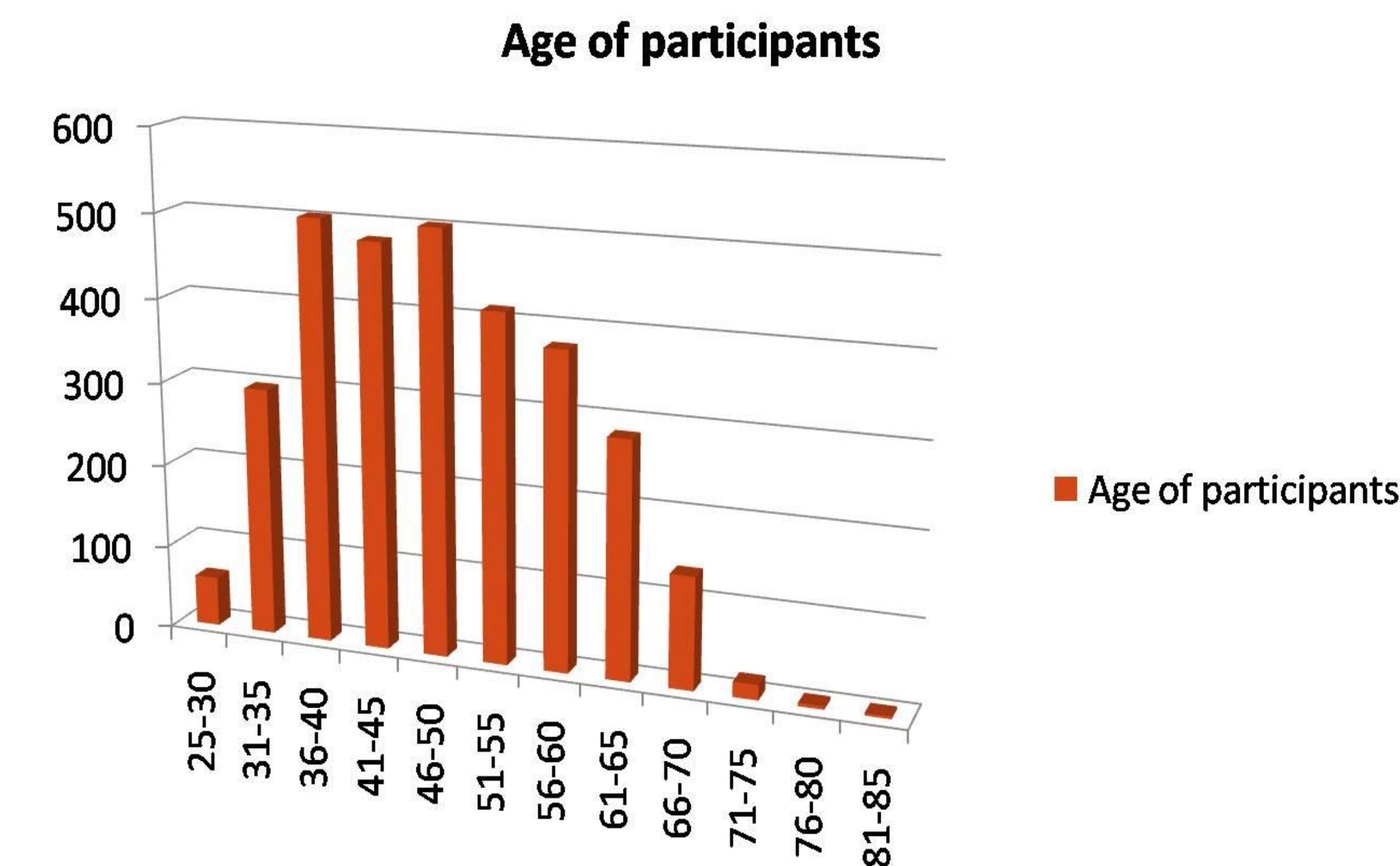


Results

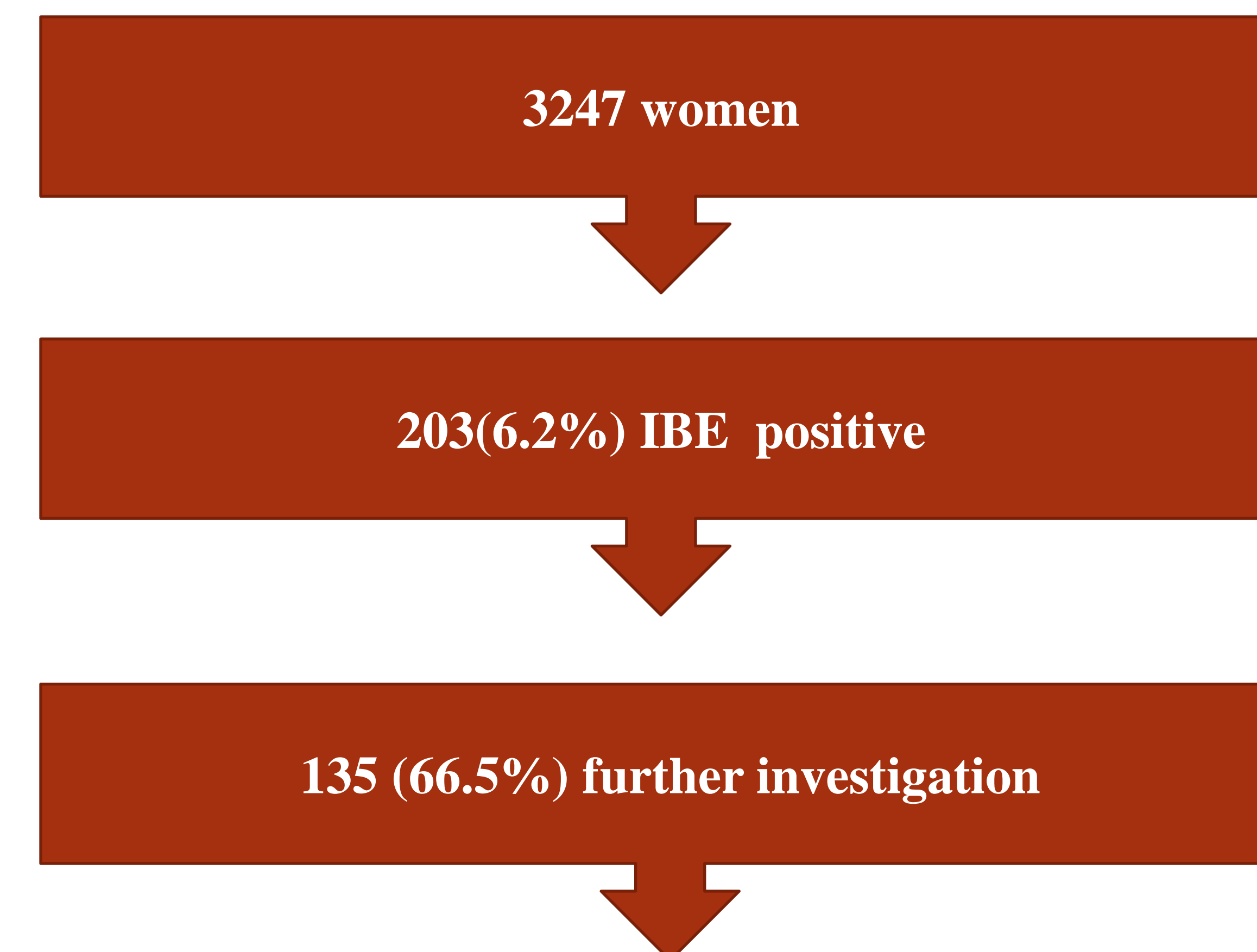
Marital status



Results



The flow chart



Mammo/USG	Percentage	Remarks
BIRADS 1 or 2	109 (80.7%)	Annual screening
BIRADS 3	10 (7.4%)	FU at 6/12
BIRADS 4	15 (11%)	Biopsy done 13 benign(87%) 2 ca breast (13%)
BIRADS 5	1(0.74%)	Ca breast

BIRADS	Stage	Remarks
BIRADS 4	DCIS	Post RT on FU
BIRADS 4	Stage 11A T2N1M0	Post OP,Post chemo RT on FU
BIRADS 5	Stage 1A T1bN0M0	Post OP ,post RT ,hormones on FU

iBreastExam acceptance among women



Conclusion

➤ IBreastExam is a useful preliminary tool for community based screening

➤Not a replacement for established screening modalities.

➤The success of the program was the result of community coalition forged prior to the initiation of camp through sensitization programs popularized as “The Kannapuram Model”.

➤Acceptable screening methods ,continuous community sensitization awareness programs alleviate apprehensions and improve participation

References

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Abbreviations

LSG-Local self government PHC-Primary Health Center FU-Follow up
TCC-Tertiary Cancer Center CBE –Clinical breast examination

IRB-IEC No :1617/IRB-IEC/13/MCC/25-4-2018/6

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