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04/29/2022

Quantitative study

The quantitative study was research about breast cancer detection method, diagnostic interval and use of specialized diagnostic assessment across Ontario in Canada. The authors wanted to determine about the cancer detection method in Ontario, the screening detection rate in age-eligible breast cancer patients, geographic mapping of diagnostic interval and diagnostic assessment: Ontario Diagnostic Assessment Units (DAUs) usage. I believe that this research is very important especially for the people residing in Ontario region of Canada because screening can help with early detection or diagnosis of cancer. This can in return help by improving the chance of survival of those people.

According to the research, in Canada, mammograms for breast cancer screening are offered by organized programs or independently which is also known as opportunistic screening. A delay in diagnosis of three months or more can lead or progress to advanced cancer stage and also, the survival chances are lowered.

The abstract section of the research gives a clear overview of the breast cancer about types of screening that can be done, the methods used to conduct the study, the results showing numerical values to compare and contrast or finding and recommendations, and a conclusion including the keywords in the research.

The study population comprised of women with a first invasive breast cancer who were diagnosed in 2011 in Ontario, Canada. Study excluded women whose cancer registry record could not be linked to administrative data, women who were living outside of geographical region than Ontario during the time of diagnosis, and lastly, women who did not have Ontario Health Insurance Plan (OHIP) coverage for at least three years prior to diagnosis. The research

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also provided information about where the data sources were obtained from. The data for this research were obtained from Ontario Cancer registry, Institute for Clinical Evaluative Sciences (ICES) and Cancer Care Ontario (CCO). Ontario Cancer Registry was used to retrieve information to identify breast cancer cases and determine the date of diagnosis to make the study fair with all participants diagnosed in the same time frame. To retrieve information on cancer stage and histology, the source used was namely, The Collaborative Stage Data. The staging was done using TMN classification. The information on breast cancer diagnostic procedures and associated dates and physicians was obtained using several platforms such as IHIP claims database, the National Ambulatory Care reporting system (NACRS), the Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD), and the Same-Day Surgery Database (CIHI-SDS).

The sample size is clearly defined along with given time frame i.e., year of diagnosis 1 January 2011, and 31 December 2011, and sample size of 8719. The criteria was females with invasive breast cancer, a single primary cancer. The research mentions that although the starting sample size was 8719 some of them failed to meet criteria missing index contact dates, and some were unable to assign a DAU use. Thus, the final study cohort comprised of 6898 women. Among this sample size, 36.2 percent were screen-detected and 63.8% were symptomatic. The women were categorized to 3 different groups by age; less than 50 years, 50-69 years, and greater than 69 years.

The participants were fully informed. The study did get the ethical permission granted for the study. I think the study offers a balanced critical analysis of the literature. The majority of the

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literature is from within 10 years. The literature review situates the study within the current body of knowledge.

The strengths and limitations of the study are also clearly discussed by the authors. The approach used in study provided methodological guidance. This population i.e., Ontario population highlighted the low screening detection rate with only 36 percent when breast cancer patients of all ages were considered, and provided full picture of breast cancer experience among those women. The researchers also believe it to be that their study is the first kind done in Ontario focusing on breast cancer detecting method, it's rate, and the DUA usage.

The limitations of the study were that they did not estimate the time-to-diagnosis or time-to-resolution interval for all patients but instead focused on the group who were ultimately diagnosed with the disease. It was also harder to find and identify in administrative data. It wasn't fair that women with invasive breast cancer got faster diagnosis compared to benign disease. Secondly, women who were considered as they were opportunistically screened might actually have had a negative screening mammogram. And a small portion of women who were diagnosed based on symptoms might have had abnormal opportunistic screening test more than 6 months before diagnosis. Thirdly, the symptomatic index contact date referred to physician visit preceding the earliest test procedure so that was not a good choice as well.

The results demonstrated that there is need to focus on the screening detection rate in age-eligible breast cancer patients as the results were lower than published population-side screening rates. All the books, journals and other media alluded to in the study were accurately referenced.

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Qualitative Study

Breast cancer is the second most common form of cancer diagnosed in women after skin cancer. Black women die from breast cancer at a higher rate than White women (CDC, 2021). A study published by Psycho-oncology is about understanding the breast cancer experience of women; it was a quantitative study of African American, Asian American, Latina and Caucasian cancer survivors. According to the authors, even though the psychosocial impact of breast cancer is being studied, there is diminutive information on women from other ethnic and socioeconomic backgrounds (Ashing-Giwa et al., 2004).

The abstract discusses the clear overview of the study. A qualitative study was conducted with breast cancer survivors (BCS) of different ethnicities. There were total of 102 BCS that comprised of 24 African Americans, 34 Asians, 26 Latinas, and 18 Caucasians), along with 20 health professionals who were the key informants in the interview.

The phenomenon to be studied is clearly identified.

The purpose of the study is clearly expressed. The issue addressed was relevant because there is increasing number of diverse women with breast cancer thus, the research shows the importance of inclusion of women of all backgrounds and ethnicity so that the results can be more accurate in future.

The literature review has been undertaken. It meets the philosophical underpinnings of the study. It has a conceptual or theoretical framework that was identified. The framework is appropriate. The philosophical approach has been identified. This approach was chosen because The sampling method and sample size has been identified. The participants were suitable for informing research.

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The participants fully informed about the nature of the research. The autonomy/confidentiality of the participants were guaranteed. The participants were protected from harm, or in this study there was no harm to them at all. The ethical permission was granted for the study. The study was conducted with help of key informant interviews where information were gathered about the breast cancer experiences from knowledgeable, community health professionals and advocates working with diverse populations. This is good methodology as it helps to provide more accurate information as it is more inclusive with diversity. A health professional from a community health would be exposed more to diverse population. The leaders were also included from communities of African American, Asian American, Caucasian, and Latina. Involving these leaders in the interview provides the background information about the population which is lacked in general population since leaders will have access to latest and updated information about their community data and statistics.

A focused group interviews were also conducted which provided facilitative, non-threatening group environment. This allowed to discuss in depth about perceptions and everyone's personal experiences regarding the given topic. The purpose of the focus group interview was to obtain information from women with breast cancer directly, and to further identify issues in the key informant interviews.

From the key informants, the researchers were able to retrieve some important and useful insights. For example: the informants reported of their specific beliefs about breast cancer etiology and disease course that existed in their communities, especially among the older population and among women who were more accustomed to their ethnic culture. They believed that cancer was contagious, use of bras or breast trauma could lead to cancer, and that once

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comprised with breast cancer disease, women will experience loss of their breasts. It also help unveil their spiritual beliefs related to breast cancer such as that cancer is punishment from God, and it was God's control of their illness. Many from these ethnic women were also unaware of the resources available to them including the treatment; they were not as proactively seeking medical care due to deficient knowledge about resources available to them.

For women from Latina and Asian communities, it was a taboo to talk about one's body or touching oneself; thus, women from these communities avoided performing self-examinations and screening for their breasts. These women also mentioned another key information about how they trust and would rather rely on their cultural medication than relying on the Western medications and treatment. Lastly, women from these communities did not seek any medical help because they believe that good health is lack of symptoms or pain.

The research does not mention about how rigor was assured. However, the original purpose of the study has been adequately addressed. The data and information are expanded and presented in depth throughout the study including the health socialization, traditions and values that are affecting cancer for women form these ethnicities; their fear and anxiety, and the barriers to quality of life and quality health care within their communities. I believe that all the books, journals and other media alluded to in the study were accurately referenced.

Reference

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