Detection of Breast Cancer in African American Women Using Walk-in Mammography

Date: October 7, 2021
Time: 10:30a to 11:05a
Place: Nursing Administration Building Rm. 117

Abstract

Problem: Breast cancer is a life-threatening condition, in which the prognosis could potentially worsen with a delay in the detection and commencement of treatment. Scheduling patients for mammograms continues to allow for long wait times that exist in screening mammography. Lower rates of participation in scheduled screening mammograms contributes to the increased rate of advanced breast cancer diagnosis that exit in African American women and threatens their health outcomes. The purpose of this project was to implement walk-in mammography to increase participation for early breast cancer detection.

Methods: An observational descriptive design with a retrospective chart review. A PDSA cycle was used in the implementation of walk-in mammography for this quality improvement project.

Result: A total $N=228$ mammograms (walk-ins and scheduled screenings) was completed in April, May, and June 2021. There were 8.8% ($n=20$) positive cases, 1.7% ($n=4$) were in advanced (III and IV) stage. A significant positive correlation was observed between stages I-IV and walk-in and scheduled patients ($r_s = 0.59$, $p = .002$, 95% CI [0.25, 0.80]). There was no significant difference seen based on an alpha value of ($0.05$, $U = 60.5$, $z = -1.75$, $p = .080$) from stages I-IV for patients screened in the scheduled only group and those screened after walk-in screening was introduced.

Implications for practice: Increase awareness in how scheduled and walk-in mammogram screenings enhance early detection of breast cancer diagnosis for patients particularly African American women.

Keywords: mammography, breast cancer, African American, late-stage diagnosis, walk-in mammograms, scheduled mammograms, barrier to mammography.

Defense of Dissertation Committee
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