

Expansion of Outreach to Native Hawaii and Pacific Islander Communities to Increase Breast Cancer Screening and Clinical Trial Awareness in Underserved and Rural Oahu

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Background

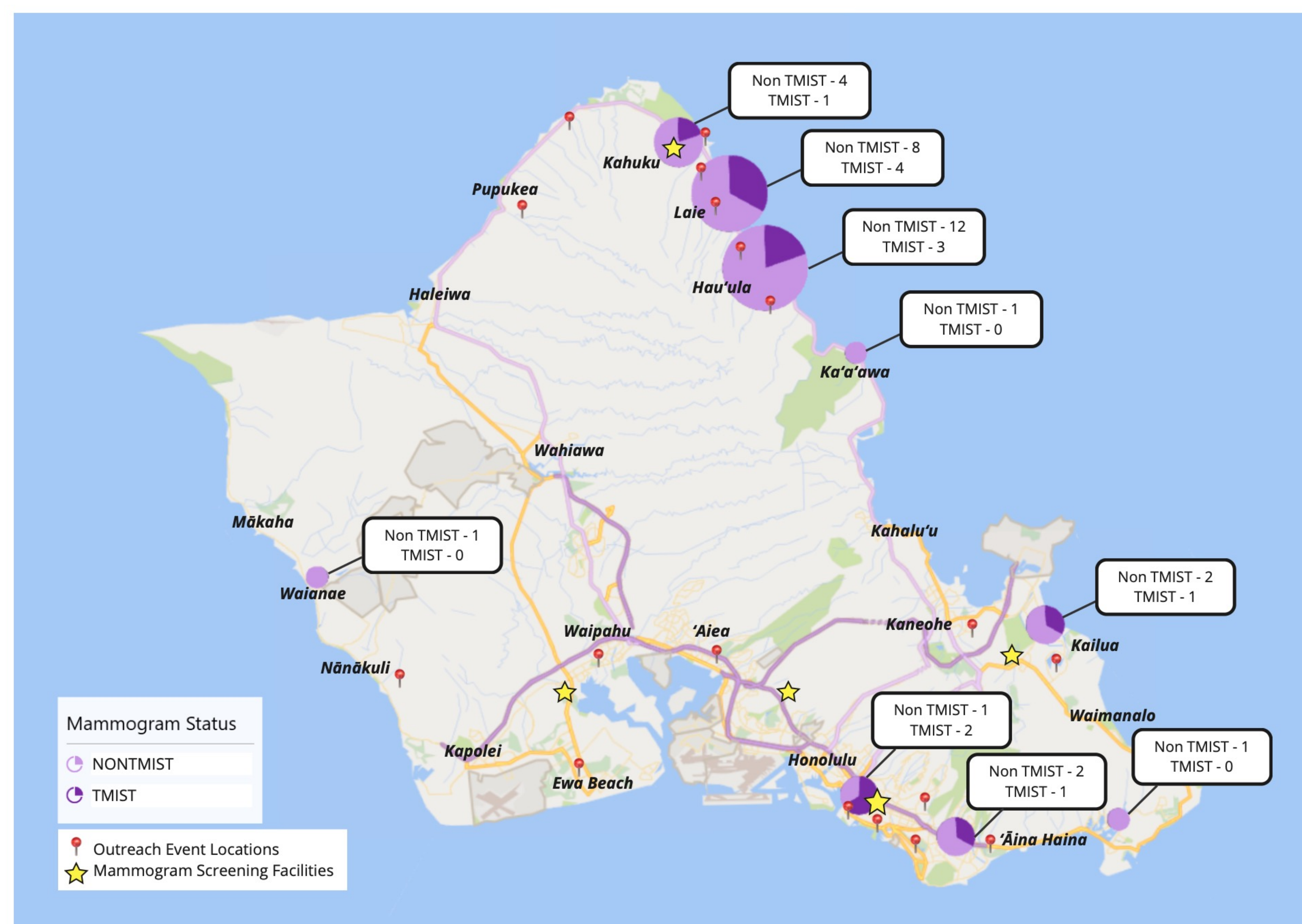
- Multiple barriers exist in the enrollment of racial and ethnic minority groups in breast cancer screening¹⁻² and clinical trials³.
- Barriers identified include the lack of knowledge, medical mistrust and access.
- Minority communities have acknowledged the advantages of community outreach, particularly when employing diverse strategies that prioritize building partnerships within the community⁴⁻⁶.

To increase participation of rural-dwelling Native Hawaiian/Pacific Islanders (NHPI) and other underserved minority groups in breast cancer screening and clinical trials, a pilot project was developed to augment community engagement, provide education, and gain insights into the cancer screening and clinical trial process.

Study Objectives

- To evaluate rural Oahu's underserved communities in breast cancer screening
- To facilitate enrollment into the Digital Tomosynthesis Mammography and Digital Mammography in Screening Patients of Breast Cancer Trial (TMIST).

Figure 1. Distribution Map of Outreach Events and Mammogram Participants



Results

Table 1. Demographic Table for Outreached Participants from 2022-2023

Variables	All* (N=92), N (%)	TMIST (N=12), N (%)	Non-TMIST (N=32), N (%)
Age group, years			
20-29	7 (7.6)	0	0
30-39	7 (7.6)	0	3 (9.4)
40-49	21 (22.8)	3 (25.0)	8 (25.0)
50-59	38 (41.3)	8 (66.7)	12 (37.5)
60-69	11 (12.0)	1 (8.3)	3 (9.4)
70-79	7 (7.6)	0	5 (15.6)
80+	1 (1.1)	0	1 (3.1)
Ethnicity			
White	11 (11.9)	1 (8.3)	3 (9.4)
Hispanic	2 (2.2)	1 (8.3)	0
Asian	6 (6.5)	0	1 (3.1)
Native Hawaiian	16 (17.4)	2 (16.7)	9 (28.1)
Pacific Islander	39 (42.4)	6 (50.0)	15 (46.9)
Mixed - NHPI	17 (18.5)	2 (16.7)	3 (9.4)
Mixed - Other	1 (1.1)	0	1 (3.1)
Citizenship			
Yes	74 (80.4)	12 (100.0)	26 (81.3)
No	18 (19.6)	0	6 (18.8)
Insurance			
Private	60 (65.2)	9 (75.0)	24 (75.0)
Medicare	3 (3.3)	0	6 (18.8)
Medicaid	19 (20.7)	3 (25.0)	2 (6.3)
Not Disclosed	10 (10.9)	0	0

*8 participants completed annual mammogram prior to outreach

Figure 2. Distribution of Outreach Event Types

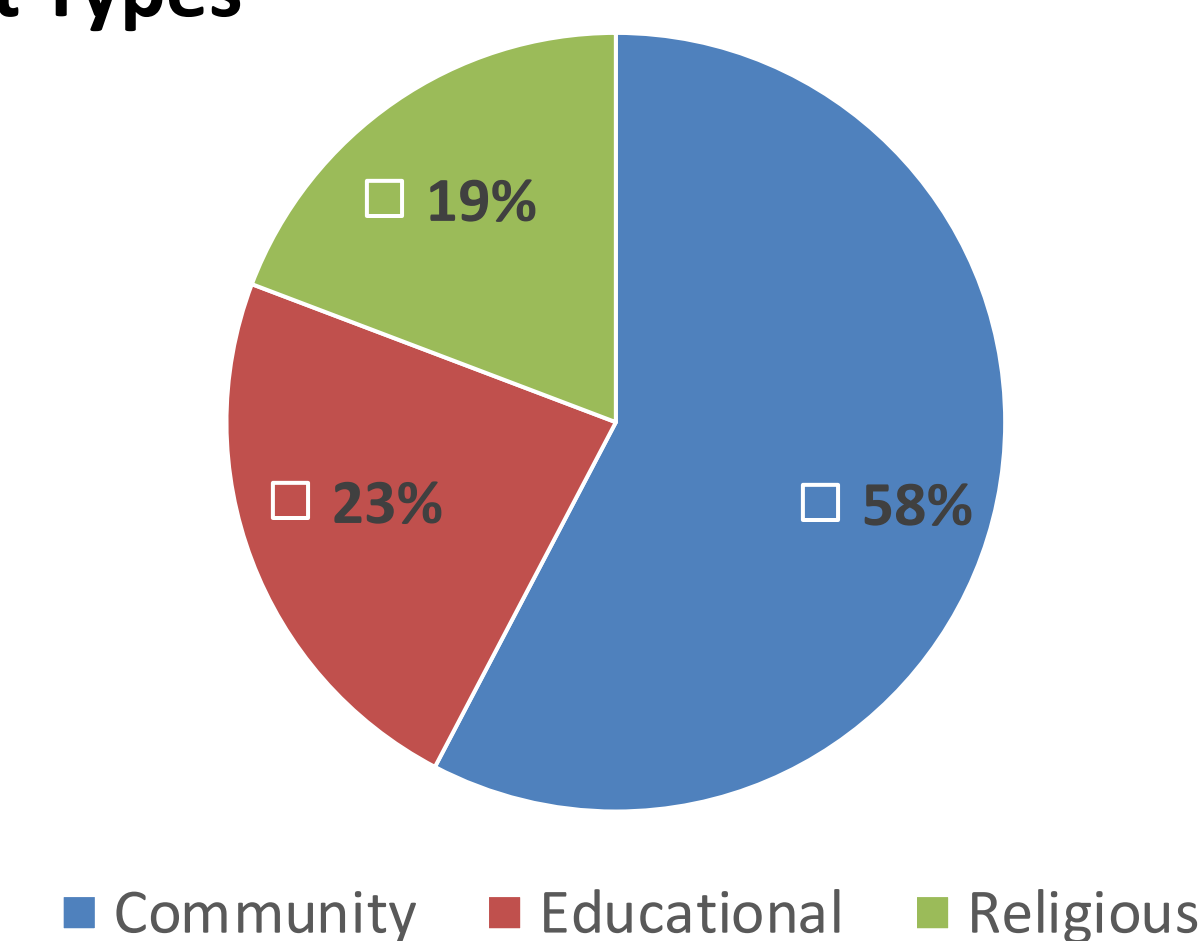


Table 2. Estimated Attendees at Outreach Events

Event Type	Estimated Number of Attendees
Community	17,009
Educational	2,416
Religious	1,141

Table 3. Barriers to Patient Engagement

Discourse	Example Quote
Medical mistrust	"Why am I doing this survey? Is it so you can be paid?"
Sense of dehumanization	"...treated as a guinea pig" specifically when discussing verbiage that was intimidating or confusing (i.e. clinical trial protocol consent language)
Lack of perceived importance	"Surveys don't really count for anything." "Is this data going to help my people?"

Conclusions

- Direct feedback from underserved communities is paramount and can be facilitated through a community health educator.

Future Directions

- Further education for clinical research staff is warranted to improve communication and relationships with communities that suffer from various barriers that contribute to disparities
- Going forward, community centered approaches need to be prioritized for all research endeavors

TMIST Eligibility

TMIST evaluates the effectiveness of two mammography screening methods, digital mammography and tomosynthesis, in terms of their ability to reduce advanced breast cancer within the screened demographic⁷.

Inclusion Criteria for annual screening

- Premenopausal women
- Postmenopausal women aged 45 to 69 with specific risk factors (dense breast, first-degree relative or unknown family history, or on hormone replacement therapy).
- Postmenopausal women aged 70 to 74 with dense breast or on hormone replacement therapy.
- Postmenopausal women aged 45 to 74 who had at least one benign breast biopsy with a diagnosis of lobular carcinoma in situ or atypia.

Exclusion Criteria for annual screening

- Women who are symptomatic for breast disease, had a mammogram within the last 11 months, prior breast cancer, have breast enhancements, or are pregnant or lactating.

References

A printed list of references is available

Questions?

For questions regarding this study please contact:
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