Journal of Diagnostic Techniques and Biomedical Analysis.

Perspective

A SCITECHNOL JOURNAL

An Earlier Age of Breast Cancer Diagnosis

Martin G. Mackey*

Institute Curie, Paris-Saint Cloud, Paris, France

***Corresponding author:** Martin G. Mackey, Institute Curie, Paris-Saint Cloud, Paris, France, Email: *makey777@gmail.com*

Received: January 01, 2021; **Accepted:** January 14, 2021; **Published:** January 21, 2021

Introduction

Breast cancer incidence suggests a lifestyle cause. A lifestyle factor used near the breast is the application of antiperspirants/deodorants accompanied by axillary shaving. A previous study did not support a link with breast cancer. If these habits have a role in breast cancer development, women using antiperspirants/deodorants and shaving their underarms frequently would be expected to have an earlier age of diagnosis than those doing so less often. An earlier age of diagnosis would also be expected in those starting to use deodorants and shaving at an earlier age. This is the first study to investigate the intensity of underarm exposure in a cohort of breast cancer survivors. Idiopathic orbital inflammations and idiopathic orbital myositis have unknown etiology but involve inflammation. Orbital IgG4-related disease has several unique characteristics that distinguish it from other orbital inflammatory conditions. Orbital IgG4-related disease differs from other IgG4-related diseases in the body in that it arises from no glandular lesions and is not associated histologically with obliterate phlebitis.

Since the 1990s, diagnosis-related group (DRG)-based payment systems were gradually introduced in many countries. The main design characteristics of a DRG-based payment system are an exhaustive patient case classification system (ie., the system of diagnosis-related groupings) and the payment formula, which is based on the base rate multiplied by a relative cost weight specific for each DRG. Cases within the same DRG code group are expected to undergo similar clinical evolution. Consecutively, they should incur the costs of diagnostics and treatment within a predefined scale. Such predictability was proven in a number of cost-of-illness studies conducted on major prosperity diseases alongside clinical trials on efficiency. This was the case with risky pregnancies, chronic obstructive pulmonary disease, diabetes, depression, alcohol addiction, hepatitis, and cancer.

This article presents experience of introduced DRG-based payments in countries of western and eastern Europe, Scandinavia, United States, Canada, and Australia. The efficient use of resources, together with increased resource mobilization and improved pooling, is the main key for achieving a faster move toward universal health coverage. European Commission developed and funded a research project in the period from 2009 to 2011 known as Euro DRG..

It was dedicated to analyzing the national DRG-based hospital payment systems using qualitative and quantitative research methods. There were 12 countries that were the part of the research, and they used 2 main models of DRG-based hospital payment systems. Namely, those DRG-based hospital payment systems were DRG-based case payment systems (in Estonia, England, Finland, France, Germany, Poland, the Netherlands, and Sweden) and DRG-based budget allocation systems (in Austria, Ireland, Portugal, and Spain).In the period between mid-1990s and 2008, many countries reduced the number of acute care admissions to a different extent. Namely, France and United Kingdom showed reduction rates of 18.1% and 42.5%, respectively, in the period between 1995 and 2008, whereas the Nordic countries and Ireland showed slight reduction in acute care admissions, ranging from 2.6% in Estonia to 7.2% in Ireland. However, Austria and the Netherlands showed an increase in the number of admissions to acute care hospitals by 22% and 15%, respectively..

***Citation:** Mackey MG (2021) An earlier age of breast cancer diagnosis. J Diagn Tech Biomed Anal 10:1.*

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