

Motivating factors influencing women on performing mammograms for breast cancer screening

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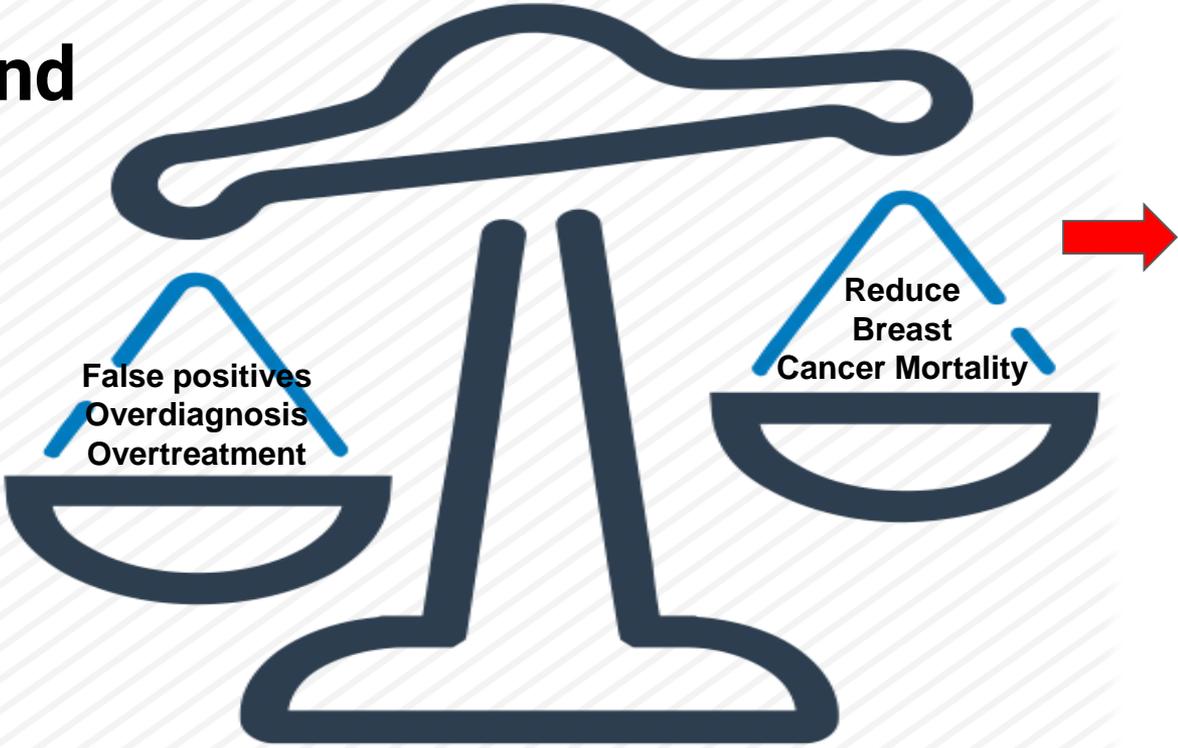
Background

Breast cancer screening with mammography recommendations:

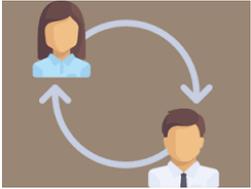
(Women without risk factors)

50 to 70 or 74 years old Every 2 or 3 years	40 or 45 to 75 or good health Every 1 or 2 years
US Preventive Task Force	American Cancer Society
Canadian Task Force on Preventive Health Care	American Congress of Obstetricians and Gynecologists
National Institute of Cancer in Argentina (Ministry of Health)	Argentinean Association of Clinical Oncology

Background

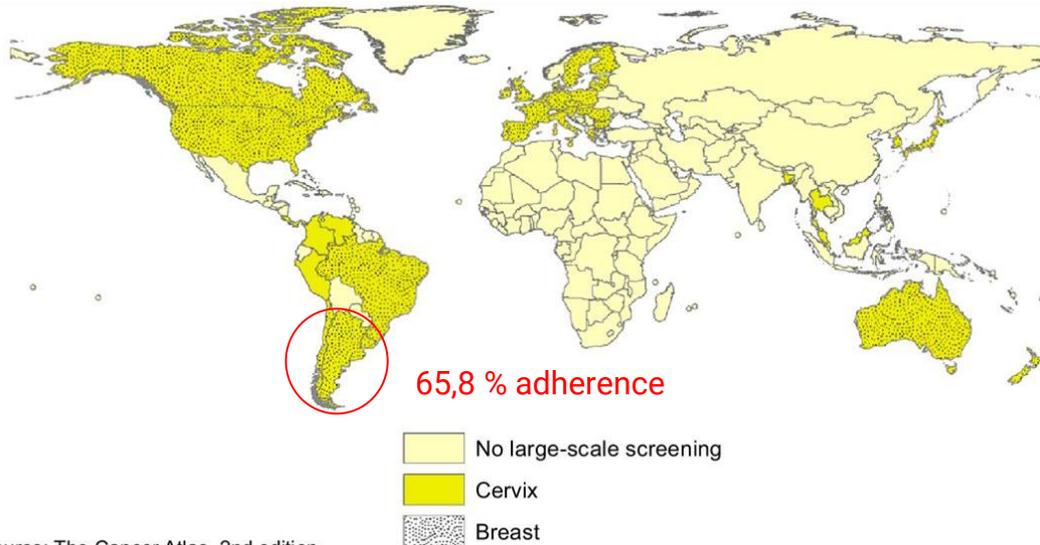


**SHARED
DECISION
MAKING**



Background

Breast cancer screening programs



Source: The Cancer Atlas, 2nd edition



- ✓ private tertiary hospital
 - ✓ high/medium health literacy population
 - ✓ too much medicine?
- ↳ **OVERDIAGNOSIS**

[Islami F](#), [Torre LA](#), [Drope JM](#), [Ward EM](#), [Jemal A](#), Global Cancer in Women: Cancer Control Priorities, *Cancer Epidemiol Biomarkers Prev*; 26(4); 458-70.

Objective

Understand women's motivations and explore their preferences regarding mammography screening tests.



Methods

- Qualitative research study
- Buenos Aires, 2016-2017
- Private healthcare system
- 40 to 75 years-old
- excluded if breast cancer diagnosis in the past 5 years.
- Grounded Theory methodology
- Semi-structured individual interviews
- Convenience sampling
- 16 middle-class women

Results

Table 1.
Women's characteristics

Age, mean		59
Education, N (%)	Primary Secondary Post-secondary/University	3 (18,75) 4 (25) 9 (56,25)
Marital status, N (%)	Single Married Separated Widowed	3 (18,75) 6 (37,5) 5 (31,25) 2 (12,5)
Children, N (%)	0 - 1 2 or more	7 (43,75) 9 (56,25)
Previous mammograms, N (%)	0 - 5 6 - 10 11 or more	4 (25) 5 (31,25) 7 (43,75)
Additional studies, N (%)	No	12 (75)
Medical specialty performing screening, N (%)	Family Medicine Gynecology Family Medicine or Gynecology	5 (31,25) 10 (62,5) 1 (6,25)

✦ 1. PREVENTION

✦ 2. DOCTOR-PATIENT
RELATIONSHIP

✦ 3. INFORMATION

Results - PREVENTION - *Health care check-up*

Valuable prevention tool



Detect diseases on time



Avoid invasive treatments



Reduce cancer mortality.



“As a prevention tool, in case you have cancer you can treat it on time... in time, I mean before it gets serious and you need more invasive treatment.”

“You don't know, you can't see inside your body. Maybe you do a mammogram and you save your life because something can come out.”

Results - PREVENTION - *Results interpretation*

Normal result:
Happiness
Reassurance
Sense of better health



"I feel relieved that I did what I had to do and they looked at the results and everything was fine"

"These are things that you need to do in life to be healthier... that's important."

Diagnostic limitations



"I think that people that have a check up every year is more prepared, it doesn't mean that they can't get cancer but they can catch it on time. Unless you have really bad luck and it bursts out of nowhere"

"It doesn't mean that if I had a mammogram I can't have something after a while... cancer or something"

Results - PREVENTION - *Knowledge about risk*

Radiation



"I think that I heard it somewhere, that radiation or some things about the machinery could damage the tissues, I really don't know. I won't stop doing it if my doctor keeps prescribing it"

Harmful?

Counterproductive?

Excessive care

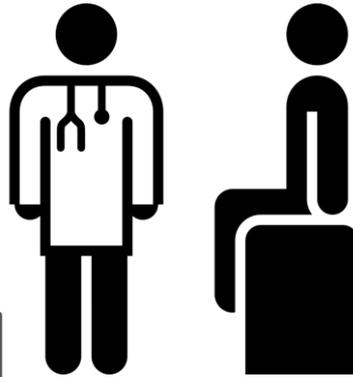


"To my mind, it's invasive and it's done too many times, and I don't think it makes much sense to do it that way because I read that it's not good. You have to be careful because it could be counterproductive"

"It is not as effective as it has been told for years and it is not harmless. But as a patient you keep taking all the prevention measures so as not to be negligent"

Results - DOCTOR-PATIENT RELATIONSHIP

Knows better
Makes decisions
No explanations



Want to play an active role
Value trustful relationship
Hard to discuss/disagree
with the doctor

“It’s not that common that a doctor tells you why he is ordering something. The doctor has a halo of power over knowledge that’s not good.”

“The doctor-patient relationship needs to be built with trust. If anything happens or not, he needs to know me... I think the doctor needs to know the patient”

“Doctors tell you ‘do this’, they order a test, ‘go and do that’, but nobody tells you about the study, how is it, how long does it take. The patient needs that exchange.”

Results - INFORMATION

Highly regarded

Well-established in society

Awareness

Self-care duty

Guilt

Lacking information about risk



“Women have to do it, they have the obligation to see a gynecologist once a year.”



“No, you don't hear about it, I don't think so. Or even if you do, you get the message that is better to take that risk than the other (*cancer*)”

“We should be receiving a different message about check ups. It is so harsh that if you don't do it you feel guilty”

Results - INFORMATION

Need information
Doctor's recommendation



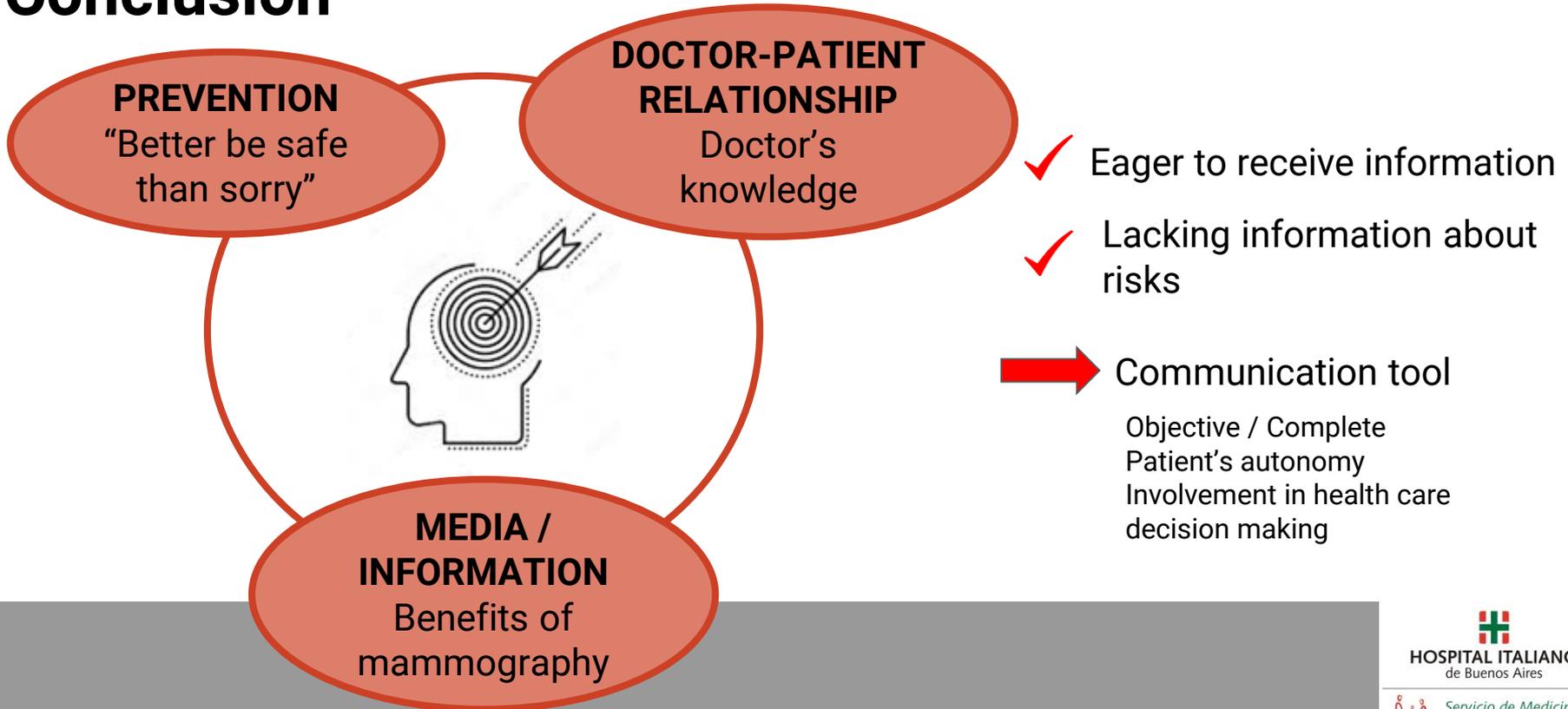
“It is always better to be informed and to know what you are doing. Not only what you are doing but what's the purpose of that specific study.”

Anxiety



“I don't want to know how many cases there are and how difficult they are to treat. If it happens to me I'll find out, but I don't want to get obsessed with anything.”

Conclusion



Limitations

High/medium health literacy women

Regular family doctor's

Private high technology hospital

One interviewer

Two physicians coded and analysed

Self-report → Recall and social desirability biases

Hypothetical scenarios



THANK YOU

Questions?

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