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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Screening Frequency</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 to 70 or 74 years old</td>
<td>Every 2 or 3 years</td>
<td>US Preventive Task Force</td>
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<tr>
<td></td>
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<td>Canadian Task Force on Preventive Health Care</td>
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<td></td>
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<td>National Institute of Cancer in Argentina</td>
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<td></td>
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<td>(Ministry of Health)</td>
</tr>
<tr>
<td>40 or 45 to 75 or good health</td>
<td>Every 1 or 2 years</td>
<td>American Cancer Society</td>
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<tr>
<td></td>
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<td>American Congress of Obstetricians and Gynecologists</td>
</tr>
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<td></td>
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<td>Argentinean Association of Clinical Oncology</td>
</tr>
</tbody>
</table>
Background

False positives
Overdiagnosis
Overtreatment

Reduce Breast Cancer Mortality

SHARED DECISION MAKING
Background

Breast cancer screening programs

65.8% adherence

✓ private tertiary hospital
✓ high/medium health literacy population
✓ too much medicine?

Source: The Cancer Atlas, 2nd edition

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**

<table>
<thead>
<tr>
<th></th>
<th>Age, mean</th>
<th>59</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education, N (%)</strong></td>
<td>Primary</td>
<td>3 (18.75)</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>4 (25)</td>
</tr>
<tr>
<td></td>
<td>Post-secondary/University</td>
<td>9 (56.25)</td>
</tr>
<tr>
<td><strong>Marital status, N (%)</strong></td>
<td>Single</td>
<td>3 (18.75)</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>6 (37.5)</td>
</tr>
<tr>
<td></td>
<td>Separated</td>
<td>5 (31.25)</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>2 (12.5)</td>
</tr>
<tr>
<td><strong>Children, N (%)</strong></td>
<td>0 - 1</td>
<td>7 (43.75)</td>
</tr>
<tr>
<td></td>
<td>2 or more</td>
<td>9 (56.25)</td>
</tr>
<tr>
<td><strong>Previous mammograms, N (%)</strong></td>
<td>0 - 5</td>
<td>4 (25)</td>
</tr>
<tr>
<td></td>
<td>6 - 10</td>
<td>5 (31.25)</td>
</tr>
<tr>
<td></td>
<td>11 or more</td>
<td>7 (43.75)</td>
</tr>
<tr>
<td><strong>Additional studies, N (%)</strong></td>
<td>No</td>
<td>12 (75)</td>
</tr>
<tr>
<td><strong>Medical specialty performing screening, N (%)</strong></td>
<td>Family Medicine</td>
<td>5 (31.25)</td>
</tr>
<tr>
<td></td>
<td>Gynecology</td>
<td>10 (62.5)</td>
</tr>
<tr>
<td></td>
<td>Family Medicine or Gynecology</td>
<td>1 (6.25)</td>
</tr>
</tbody>
</table>

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”

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”

“These are things that you need to do in life to be healthier… that’s important.”

“It doesn’t mean that if I had a mammogram I can’t have something after a while… cancer or something”
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

“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”

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

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

PREVENTION
“Better be safe than sorry”

DOCTOR-PATIENT RELATIONSHIP
Doctor’s knowledge

✓ Eager to receive information
✓ Lacking information about risks

Communication tool
Objective / Complete
Patient’s autonomy
Involvement in health care decision making

MEDIA / INFORMATION
Benefits of mammography
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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