

Predictors of Adherence with National Guidelines for Breast Cancer Screening in Italy: Results of Studio PASSI 2005

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Background

- In Italy breast cancer is the most common cancer among women, with 32,000 cases and 11,000 deaths annually
- Mammography is presently the best available method of screening for breast cancer
- Biannual screening of women 50-69 years is recommended and is free of charge
- Each Italian region has a screening strategy, but implementation has not been uniform

Objectives

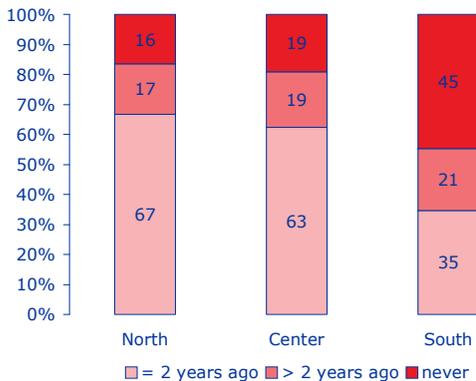
- Evaluate the geographic differences in self-reported screening behaviors
- Estimate the effect of sociodemographic factors and counselling practices on adherence with guidelines

Methods

- Data obtained from Studio PASSI 2005
- Telephone interviews of a random sample of >15,000 residents aged 18-69 drawn from local health registers were conducted by trained local health units (LHU) staff
- All 20 regions were included
- 122 of the country's 195 LHU represented
- 2,990 women aged 50-69 years interviewed
- Adherence with guidelines defined as having had a mammogram within the past 2 years

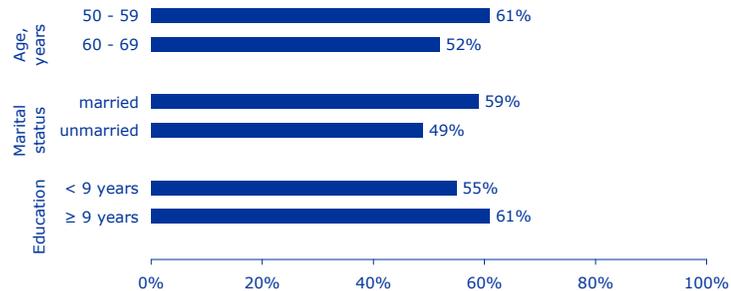
Results 1: Breast cancer screening, by area

Overall, 57% had undergone screening within the past 2 years



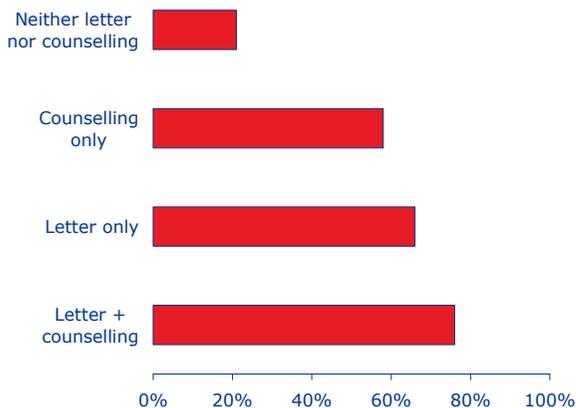
Adherence was significantly higher in Northern and Central Italy than in Southern Italy. In the South, nearly half of women 50-69 years had never had a mammogram

Results 2: Sociodemographic characteristics associated with guideline adherence



Adherence was significantly lower in unmarried women, in older women and in those with <9 years of education

Results 3: Letters, physician counselling and likelihood of mammogram within past two years



The highest coverage was reported in those who stated they had received both physician counselling and a letter from their LHU. When asked the most important reason for their most recent mammogram, 39% cited the LHU letter and 29% physician advice; the remainder cited personal initiative

Limitations

- Reliance on self-reported information
- Possible telescoping bias resulting in over-estimates of women screened within the past two years

Conclusions

- Considerable geographic disparities were observed in adherence with breast cancer screening guidelines.
- Further efforts are needed to improve coverage, especially in southern Italy
- Letters and counselling both appeared effective in increasing adherence
- Results support findings from other countries that active outreach and physician counselling play an important role in breast cancer screening