

Which are the determinants of (non-)engaging behaviours in cervical, mammographic and colorectal screenings in Italy?

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To sustain cancer screening programs for all citizens, individual factors favoring or hindering participation need to be identified and addressed, even more in the post-pandemic scenario. It is a specific focus in the EU-funded JA EUCanScreen.

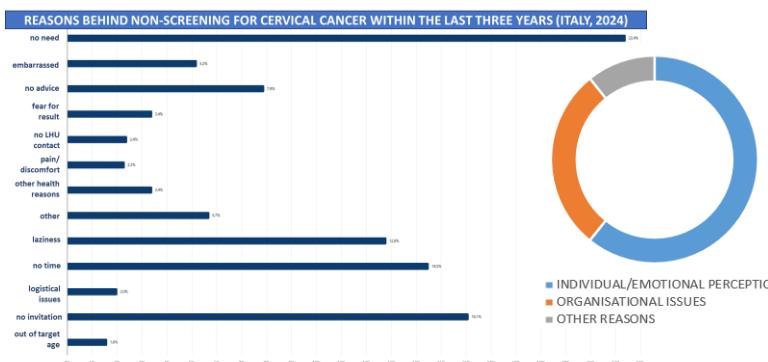


Building on a data-driven approach, the Italian case study uses evidence from the **Behavioural Risk Factor Surveillance System PASSI** that monitors the major health-related behaviours and determinants on representative population samples of adults aged 18-69.



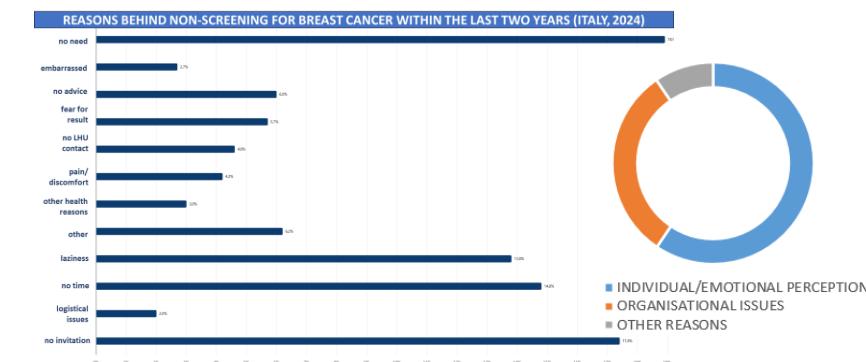
CERVICAL CANCER SCREENING

The most recalled reasons: no need (22.4%), not having received any invitation (16.1%), no time (14.5%), laziness (12.8%).



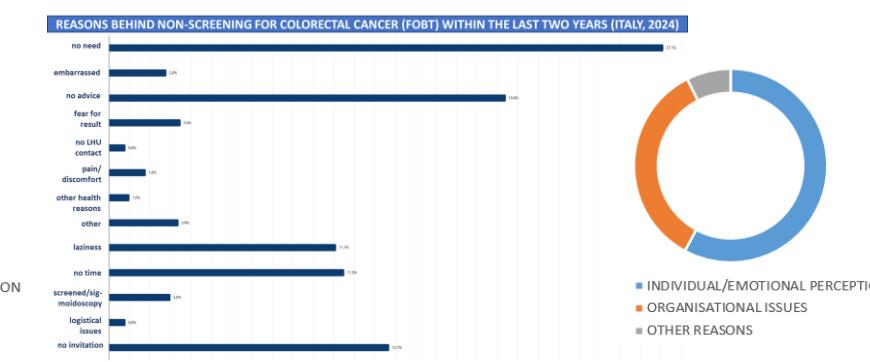
BREAST CANCER SCREENING

As for the cervical cancer screening, the main reasons are no need (18.9%), not invited (17.4%), no time (14.8%), laziness (13.8%).



COLORECTAL CANCER SCREENING

The perception of not needing to screen for colorectal cancer is very high (27.1%), followed by not being advised (19.4%) nor invited (13.7%).



Despite the three cancer screenings target different population groups, the distribution of the weight assigned to the three determinants' macro categories is the same: around 60% individual/emotional perception, nearly 30% organizational issues and about 10% other reasons.

RELEVANT MESSAGE – As indicated by European and National Cancer Plans, it is important to enhance population compliance with screening programs but also broader awareness on healthy lifestyles to make **secondary and primary prevention evolve and adapt synergically**.